5686

05698

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. 17
LENGTH OF STAY (in this place) 10 Mo's
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7417 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural, give location) 7417 - Baltimore Ave.

3. NAME OF DECEASED: (First) Raymond (Middle) (Last) AZbell
4. DATE OF DEATH (Month) June (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	Single	April 2 - 1922	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Apprentice	Engineer.	Athens Ohio.	U.S.A.

13. FATHER'S NAME: Walter Wm. AZbell Jr.
14. MOTHER'S MAIDEN NAME: Virgie Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mrs. Dorothy J. Fox.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ingestion of Depressant Drugs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE John S. Ball. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 3 June 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 7-1955	Forest Rose Cemetery-	Lancaster, Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 5-1955	J. Wilson Dodd	Wallace Sellers	457 Laurel St N.W. D.C.

RECEIVED
JUN 7 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05699

5687

CERTIFICATE OF DEATH

Reg. Dist. No. 2 23

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7107 Cedar Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7107 Cedar Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) C. (Last) BIRGE

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: October 31 1855

9. AGE last birthday 99 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Town Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Town Government

11. BIRTHPLACE (State or foreign country): Litchfield Co. Connecticut

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry G. Birge

14. MOTHER'S MAIDEN NAME: Rachel Coley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Betsy B. Matson, 7107 Cedar Ave. T.P. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4
IMMEDIATE CAUSE (A) Cardiac cessation (failure) ?
DUE TO

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Senility
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Many yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fell out of bed in sleep dur-

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION: ing night but exam-ination revealed no injury

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952 to June 4, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE Richmond Briggs M.D. ADDRESS 6940 Piney Branch Rd. Wash. D.C. DATE SIGNED 6/4/55

23. BURIAL—CREMATION—REMOVAL (SPECIFY) Transit-Burial DATE THEREOF June 8, 1955 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Green's Farms, Connecticut

DATE REC'D BY LOCAL REGISTRAR June 4-1955 REGISTRAR'S SIGNATURE L. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll Ave. W.T.P. Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 6 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 05700

CERTIFICATE OF DEATH

5717

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7201 Denton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 7201 Denton Road

3. NAME OF DECEASED: (First) Robert (Middle) C. (Last) BOAK
4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 5 Days 27 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Supt. -Retired
10b. KIND OF BUSINESS OR INDUSTRY: Steel Co.
11. BIRTHPLACE (State or foreign country): Newcastle, Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James W. Boak
14. MOTHER'S MAIDEN NAME: Martha Magee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 193-03-8616A
17. INFORMANT & ADDRESS: Mrs. Josephine K. Boak-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	CORONARY OCCLUSION	INSTANT.
Antecedent causes (b) DUE TO	ARTERIOSCLEROTIC HEART DISEASE	5 YEARS
(c) DUE TO	ATHEROSCLEROSIS, GENERALIZED	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA — 10 YEARS

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 20, 1954, to JUNE 10, 1955, that I last saw the deceased alive on JUNE 1, 1955, and that death occurred at 10:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert J. Engle M.D.
ADDRESS 5009 DEL RAY AVE BETHESDA MD.
DATE SIGNED 6/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/13/55
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 6/13/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05701

5688

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 TAKOMA PARK
LENGTH OF STAY (in this place) 1½ HR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON, Md. X
STREET ADDRESS (If rural give location) 3318 FERNDALE ST. 1

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) ~~Boy~~ Girl (Last) BRASWELL

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6/2/55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Willie Braswell Jr.

14. MOTHER'S MAIDEN NAME: Doris Coon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: FATHER SAME.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 762.5 (A) Prematurity - Fetal Atelectasis. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2, 1955, to 6-2, 1955, that I last saw the deceased alive on 6/2/55, 1955, and that death occurred at 10:48 A.M, from the causes and on the date stated above.

SIGNATURE John R. Conley M. D. — ADDRESS 3716 Howard Ave. Kensington Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 4-1955 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Rockville Md.

DATE REC'D BY LOCAL REGISTRAR June 2 1955 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR John L. H. Sims Co — ADDRESS 2901-14th St. N.W. Wash. D.C.

20652823

RECEIVED
JUN 6 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05702

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

Items 9,13,14 Film C183 7-8-55 ec

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 4206 - Broadbranch Rd. N.W.

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) Reba (Last) BUELL
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2/8/66
9. AGE last birthday 89 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ? Bean
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Arthur C. Buell (nephew) 3533 Cumberland St N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 442X
(A) Congestive Heart Failure — 1 wk.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coecdia-vascular renal disease — 5 yrs
DUE TO (C) aspiration Pneumonia — 2 wks.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955 to June 30 1955, that I last saw the deceased alive on June 29, 1955, and that death occurred at 5:29 AM, from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins M.D. ADDRESS 3921 Livingston St N.W. DATE SIGNED 6/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 7/1/55 — NAME OF CEMETERY OR CREMATORY Rock Creek Cem — LOCATION (City, town, or county) Washington D.C. — (State)

DATE REC'D BY LOCAL REGISTRAR 6/30/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR, ADDRESS The H. Hines Co 2901 14th St

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05703

5719 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 2201 Massachusetts Avenue, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) Mazyck (Last) BULL

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 12-25-79

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10B. KIND OF BUSINESS OR INDUSTRY: Lawyer

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William I. BULL

14. MOTHER'S MAIDEN NAME: Hattie TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Son Capt William I. BULL USN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
158X IMMEDIATE CAUSE	(A) Pulmonary edema	1 day
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Inferior Vena Cava Obstruction	weeks
	DUE TO (C) Retroperitoneal sarcoma	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 May, 1955 to 4 June, 1955 that I last saw the deceased alive on 4 June, 1955, and that death occurred at 3:00 A M, from the causes and on the date stated above.

SIGNATORY P. G. BAMBERG LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit — DATE THEREOF 9 June 1955 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Jacksonville, Florida

DATE REC'D BY LOCAL REGISTRAR 4 June 1955 — REGISTRAR'S SIGNATURE Tracy E. Farrelly

24. FUNERAL DIRECTOR ADDRESS Gawlers Funeral Home 1756 Penn. Ave., N.W., Washington, D.C.

JUN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05704

5720 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 mo 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 110 Quincy Street

3. NAME OF DECEASED: (Type or Print) (First) Roma (Middle) (N) (Last) BURKE

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-21-98

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker Helper

10B. KIND OF BUSINESS OR INDUSTRY: Industry

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John BURKE

14. MOTHER'S MAIDEN NAME: Elizabeth MONTGOMERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Elsie BURKE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X IMMEDIATE CAUSE (A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension — unknown

DUE TO (C) Chronic Glomerulonephritis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 April, 19 55 to 5 June, 19 55, that I last saw the deceased alive on 5 June, 19 55, and that death occurred at 1140 AM, from the causes and on the date stated above.

SIGNATURE P. G. RAMBERG LT MC USN — ADDRESS U. S. Naval Hospital M.D. NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9 June 1955 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 5 June 1955 — REGISTRAR'S SIGNATURE Mary E. Farrell

24. FUNERAL DIRECTOR Hoffman Funeral Home — ADDRESS 611 K Street, N.W., Washington, D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
JUN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05705

5721

CERTIFICATE OF DEATH

Reg. Dist. No. 216.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash., D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 322 36th St. N.E.

3. NAME OF DECEASED: (Type or Print) Bernard (First) Arnold (Middle) Carr (Last)

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 23 Jan. 1950

9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Austin Carr

14. MOTHER'S MAIDEN NAME: Lula Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

200.1

IMMEDIATE CAUSE (A) Lymphosarcoma, disseminated

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4 Apr. 1955

19B. MAJOR FINDINGS OF OPERATION: Lymphosarcoma of small intestine

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from May 31, 1955 to June 7, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 7:55PM, from the causes and on the date stated above.

SIGNATURE C. Lunsford Hall M.D. ADDRESS The Clinical Center, NIH DATE SIGNED 9 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 6-13-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 6/10/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Carver Funeral Home ADDRESS 29-H St. N.W.

JUN 1 1
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

5702 — 05706

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 216

Village or City Glen Echo Heights — No. 5118 Wapakoneta St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Irene Virginia Caton — If U. S. Veteran, specify WAR ...

(a) Residence: No. 5118 Wapakoneta St., — Ward ...

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Enoch Francis Caton

6. DATE OF BIRTH (month, day, and year): Dec. 16 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	0			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ...

10. Date deceased last worked at this occupation (month and year): ... — 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town): Montgomery Co.
(State or country): Maryland

FATHER

13. NAME: John Nutchinson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Lucinda Ann Riggs

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Carrie Lyons
(Address): Vienna Va.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place: Andrew Chapel — Date: June 12, 1955

19. UNDERTAKER: Ohaver Chase Funeral Home
(Address): 5103 Wis Ave NW

20. FILED: 6/7/1955 — Bessie M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June (Month) 7 (Day) 1955 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/24 1950 to 6/7 1955

I last saw her alive on 6/6 1955; death is said to have occurred on the date stated above, at 10:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerotic cardio vascular disease	

Other Contributory Causes of importance:

Name of operation ... Date of ...

Whet test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Nelson Podd Quick M. D.

(Address) Falls Church Va.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

5723

05707

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Takoma Park
LENGTH OF STAY (in this place) 40 A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1308 Dairy Fork Rd.

3. NAME OF DECEASED: (First) Fred (Middle) Warren (Last) Cohill
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	M	6/1/21	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Helper	(Unemployed)	Washington D.C.	U.S.

13. FATHER'S NAME: Frank Cohill
14. MOTHER'S MAIDEN NAME: Myrtle ~~Adams~~ Henry Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes WWII	Yes	Helen Cohill (wife) Same as Item 2

18. MEDICAL CERTIFICATION 12:35 P.M.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J Broccoli M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6-15-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 17, 1955	Arlington National Cemetery	Fort Myer, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/18/55	Bessie M. Honeycutt	Warner E. Pumphrey	Silver Spring, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05708

5724

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Montgomery Co.

1. PLACE OF DEATH:
COUNTY 8825 - 1st Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
STREET ADDRESS (If rural give location) 8825 - 1st Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Stockton (Last) Colburn

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White		Dec - 17 - 1890	64 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laundry	Retired	Washington D.C.	U.S.

13. FATHER'S NAME: Winfield S Colburn

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
✓	USA. 1st		Mrs Viola Colburn Boynton Beach Flor.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 420.1	(a) Coronary Thrombosis	2 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	2-3 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1938, to June 14, 1955, that I last saw the deceased alive on June 14, 1955, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C O B Wardrop M.D. | ADDRESS 837 Bonifant St Silver Spring Md | DATE SIGNED June 14 1955

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6/17/55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town or county) | (State)
Arlington Nat Cem Arlington Va

DATE REC'D BY LOCAL REGISTRAR 6-14/55 | REGISTRAR'S SIGNATURE Frances Cotter | 24. FUNERAL DIRECTOR S. H. Hines & | ADDRESS 2901 - 14th N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

5725

05709
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2412 Pinney Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2412 Pinney Rd

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Kenneth	Collins	June	19	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	July 7 1910	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): USAF
10b. KIND OF BUSINESS OR INDUSTRY: Air Force
11. BIRTHPLACE (State or foreign country): Wash DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J Bernard Collins
14. MOTHER'S MAIDEN NAME: Mary McLoughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary Collins (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 420.1 Coronary occlusion — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bracknell M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 6-19-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-22-55	Mt Olivet	Wash DC.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-22-55	Francis Collins	Francis J Collins	3821 14th St NW Wash. DC.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05710

5726

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural-Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Potomac X
STREET ADDRESS (If rural give location) RT.# 3, Bethesda, Md.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) RICHARD (Last) COLLINS

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 9-12-1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months 9 Days 11 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard Collins

14. MOTHER'S MAIDEN NAME: Sarah Jane Houser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Archie Cottingham-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.5c.0
IMMEDIATE CAUSE (A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSE (B) DUE TO Senile arteriosclerosis — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1955 to June 23, 1955, that I last saw the deceased alive on June 23, 1955, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE W. H. Gentleman M. D. ADDRESS Rockville, Md. DATE SIGNED June 23, 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6-26-55

NAME OF CEMETERY OR CREMATORY: Potomac Church Cem.

LOCATION (City, town, or county) (State): Potomac, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/28/55

REGISTRAR'S SIGNATURE: Laurell H. Bratton

24. FUNERAL DIRECTOR: Robert G. Humphreys ADDRESS: Bethesda, Md.

JUN
BUREAU V.

5727

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05711 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda Rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Missouri COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Osborn 12 X 5
STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Ester (Last) CCCK

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	9-24-23	31 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School teacher	School teacher	Missouri	U. S.

13. FATHER'S NAME: Forrest Rodgers

14. MOTHER'S MAIDEN NAME: Ester Groebe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Husband Leo S. CCCK 5705 Vingate Drive, Bethesda, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage DUE TO	16½ days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fracture of skull DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)
	Rock Creek nr Bluefield	W Va

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
6-10-55 11 P M.		Crossing on auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broccoli M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6-27-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-2-55	Osborn	Osborn, Missouri

DATE REC'D BY LOCAL REG. 6-27-55 REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05712

5728 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 7hrs 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 4/X-3
STREET ADDRESS (If rural give location) 3565 Brandywine Street, N.W. 1

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Bruce (Last) CRICHTON

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 3-25-96
9. AGE last birthday 59 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner Retired
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert A. CRICHTON
14. MOTHER'S MAIDEN NAME: Mary E. ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Maud W. CRICHTON Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) DUE TO Coronary Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 11 Year

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Jun, 1955, to 21 Jun, 1955 that I last saw the deceased alive on 21 Jun, 1955, and that death occurred at 2:55 PM, from the causes and on the date stated above.

SIGNATURE J. R. DAVIS LCDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 24 Jun 1955 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 22 June 1955 — REGISTRAR'S SIGNATURE Mary E. Cassidy — 24. FUNERAL DIRECTOR & ADDRESS R. H. Dumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05713

5729

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Germantown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 931 Northampton Drive

3. NAME OF DECEASED: (First) Mary (Middle) A. (Last) CUFFS
4. DATE OF DEATH: (Month) June (Day) 8, (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: Dec. 16, 1874
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months 5 Days 22 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: M. Cuffs
14. MOTHER'S MAIDEN NAME: Elizabeth McMahon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Isabel Smith - Same Item #2 (Sister)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) coronary occlusion — Immediately

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) coronary arteriosclerosis — 8 years.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1955, to June 8, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 5:30A M, from the causes and on the date stated above.

SIGNATURE Vernon E. Martens M. D. ADDRESS Germantown DATE SIGNED June 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-transit
DATE THEREOF 6/8/55
NAME OF CEMETERY OR CREMATORY Holy Rood
LOCATION (City, Town, or county) (State) Naussau Co. L. I. New York

DATE REC'D BY LOCAL REGISTRAR June 8, 1955
REGISTRAR'S SIGNATURE Wanda L. Cooke
24. FUNERAL DIRECTOR Robert R. Bumphrey
ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14 19[illegible]
BUREAU V. S.

5730

05714

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda — LENGTH OF STAY (in this place) D.O.A.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 1512 Wheaton Lane

3. NAME OF DECEASED: (Type or Print) (First) Ferdinando (Middle) (Last) Curradi

4. DATE OF DEATH (Month) (Day) (Year) June 26 1955

5. SEX: M. **6. COLOR OR RACE:** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Widowed **8. DATE OF BIRTH:** 8/15/87 **9. AGE** last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired **10b. KIND OF BUSINESS OR INDUSTRY:** Italian Govt. RR **11. BIRTHPLACE** (State or foreign country): Florence Italy **12. CITIZEN OF WHAT COUNTRY?** Italy

13. FATHER'S NAME: Carlo Curradi

14. MOTHER'S MAIDEN NAME: Assunta Valecchi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Daughter, Mrs. Mavia Fields, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — 11 27 A.M. — Interval Between Onset and Death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis — 3 yrs

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town, (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Francis J. Bosselman M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 6-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/29/55 — NAME OF CEMETERY OR CREMATORY St. John's Cemetery — LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. 6/28/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — **24. FUNERAL DIRECTOR** Warren B. Pumphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15A - 5 - 53

5731

05715

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda 14
LENGTH OF STAY (In this place): 8hrs 42 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 5714 Crawford Drive

3. NAME OF DECEASED: (Type or Print) (First) MARGARETT (Middle) Veazey (Last) Cushman

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 5 1881

9. AGE last birthday: 74 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James T. Veazey

14. MOTHER'S MAIDEN NAME: Sue Tapson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Fred B. Cushman - husband - as above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331X Immediate cause	(a) Massive cerebral hemorrhage	13 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Rupture of portion artery	13 hrs.
	(c) DUE TO Atherosclerosis, cerebral	? years
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis, mild		7 years

19a. DATE OF OPERATION: June 27 1955

19b. MAJOR FINDING OF OPERATION: Subdural hematoma

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: Home

21c. (City or town) Rockville (County) Montg (State) Md

21d. TIME OF INJURY (Month) 6 (Day) 27 (Year) 55 (Hour) 5:30 A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell in bath room during time

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J. Bonstract M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 6-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-30-55

NAME OF CEMETERY OR CREMATORY: Forest Oak

LOCATION (City, town, or county): Gaithersburg (State): Md

DATE REC'D BY LOCAL REG.: June 29 1955

REGISTRAR'S SIGNATURE: Bessie McThompson

24. FUNERAL DIRECTOR: Ernest C. Fenton

ADDRESS: Gaithersburg Md

7/2/55

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05716

5732 CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE -- COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47 X 3
STREET ADDRESS (If rural give location) 4608 Sargent Road, N.E. √

3. NAME OF DECEASED: (Type or Print) Dorothy (First) Agnes (Middle) Dolan (Last)

4. DATE OF DEATH: June (Month) 29 (Day) 1955 (Year)

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 29, 1906

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Gleeson

14. MOTHER'S MAIDEN NAME: Annie C. Cosgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17X

IMMEDIATE CAUSE (A) Metastic breast adenocarcinoma of the brain

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchopneumonia

19A. DATE OF OPERATION: --

19B. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from June 28, 1955, to June 29, 1955, that I last saw the deceased alive on June 29, 1955., and that death occurred at 2:15 A M, from the causes and on the date stated above.

SIGNATURE Harold Altman, M.D. ADDRESS The Clinical Center M. D. Natl. Institutes of Health DATE SIGNED 6/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF July 2, 1955 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 6/30/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. N.W. Wash. DC

RA 6-7117

BERKELEY
JUL 5 1955

5733

05717 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9000 Block Rockville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5620 Grove St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Francis	Donohoe	June 5 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Aug 8 1913	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Real Estate agent		Washington DC	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Clarence F. Donohoe	Clara Hewett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
no		Hilda R. Donohoe (wife) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage DUE TO	Instantaneous
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Compound fracture of skull DUE TO	
	(c) self inflicted shot gun wound	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town)	(County)	(State)
	Home	Bethesda	Monty	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
6-5-55 ? M.		self inflicted shot gun wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE David J. Brosehart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/10/55	Parklawn	Rockville Rd	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/55	Bessie Whitmore	Robert A. Pattingly	1311-11th St N.W. D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05718

5734

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) (Baby Girl) (Middle) (Last) Dorsey

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH. 6/14/55

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 40 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country). Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clifton Edward Dorsey

14. MOTHER'S MAIDEN NAME: Delores Toliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
7/2. IMMEDIATE CAUSE	(A) Prolapsed	1 hour
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Premature 5½ mos	
	DUE TO (C) Atelectasis	3 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) —M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/14/55, to 6/14/55, that I last saw the deceased alive on 6/14/55, and that death occurred at 7:30 M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Sandy Spring DATE SIGNED 6/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial **DATE THEREOF** June 15/55 **NAME OF CEMETERY OR CREMATORY** Hillel **LOCATION (City, town, or county) (State)** Rockville Md

DATE REC'D BY LOCAL REGISTRAR 6-15-55 **REGISTRAR'S SIGNATURE** Gertrude B Fowler

24. FUNERAL DIRECTOR Robert L Snouffer **ADDRESS** Rockville

2065-20325

MARYLAND STATE DEPARTMENT OF HEALTH

05719

5735

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Maryland

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) over 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4617 East West Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Montgomery COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4617 East West Hwy.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Adeline	Catherine Espey	Dunn	June	17	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	widow	4 Jan. 1872	83 yrs.	5	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Washington D C	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ferdinand Espey	Adeline Catherine Ayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	William C Pennington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203X Immediate cause (a) Multiple Myeloma — Interval between onset and death: 1 YEAR

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 5 YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 7, 1954, to June 17, 1955, that I last saw the deceased alive on June 17, 1955, and that death occurred at 9:11 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert G. Gugle	M.D.	5009 Del Ray Ave, Bethesda, Md.	6/17/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-20-55	Rock Creek Cem.	Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/18/55	Bessie M. Thompson	Robert A. Humphrey	Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 21 19--
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05720

5736 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 515 16th Street, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) (n) (Last) EINHORN

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1955

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 5-22-15 | 9. AGE last birthday 40 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Eastman Kodak | 10B. KIND OF BUSINESS OR INDUSTRY: Photography | 11. BIRTHPLACE (State or foreign country): New York | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harry EINHORN | 14. MOTHER'S MAIDEN NAME: Katie LANZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW II | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Wife Mrs. Irene F. EINHORN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Infarction of liver, fatal — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSE (B) DUE TO Portal vein thrombosis — 2 wks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO M. Gastric Adenocarcinoma liver — 16 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma Colon — 18 mos

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 June, 1955, to 18 June, 1955, that I last saw the deceased alive on 18 June, 1955, and that death occurred at 6:05 AM, from the causes and on the date stated above.

SIGNATURE W. C. Evans, M.C. ADDRESS DAVIS LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 21 June 1955 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 18 June 1955 | REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS Danzansky & Son 3501 14th Street, N.W. Washington, D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 21 1965

BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05721

5689

CERTIFICATE OF DEATH

Reg. Dist. No. 213.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park, 12 md; LENGTH OF STAY (in this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wash. San. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington Va.; STREET ADDRESS (If rural give location) 3602 Columbia Pike

3. NAME OF DECEASED: (Type or Print) (First) Hyman (Middle) — (Last) Eller

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Wh. | 7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH. 7-20-80 | 9. AGE last birthday 74 yrs | IF UNDER 1 YEAR Months — Days — | IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Merchant | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: Abraham Eller | 14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Son & Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1-77

IMMEDIATE CAUSE (A) Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH: (1 week

ANTECEDENT CAUSE (B) DUE TO Hepatic Obstruction — 5

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Cancer of Pancreas — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1955, to June 8, 1955, that I last saw the deceased alive on June 8, 1955, and that death occurred at 7:30 M, from the causes and on the date stated above.

SIGNATURE M. D. | ADDRESS | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-9-55 | NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | LOCATION (City, town, or county) Ft. Lee Co. Va. (State)

DATE REC'D BY LOCAL REGISTRAR June 8 1955 | REGISTRAR'S SIGNATURE Milton Dodd | 24. FUNERAL DIRECTOR Barnard Fuller Goodwin | ADDRESS 3501-14th N.W. Washington D.C.

5737

05722
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Rural- Silver Spring Rt.2
LENGTH OF STAY (in this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairland Cedarcroft San. + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring (rural)
STREET ADDRESS (If rural, give location) RFD # 2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard	C	Fawcett	June	7	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	Sept. 5, 1870	84 yrs.	9	2		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self Employed- Owner	Montgomery Md	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harvey C. Fawcett	Marian Offutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	RFD #2 Evelyn Fawcett- Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Dont know exact

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Boschert M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-9-1955	Rockville Union	Rockville, Montg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-7-55		Robert R Humphrey	Bethesda, Md.

VS. A15A - 5 - 53

5738

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05723 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9908 Cedar Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 9908 Cedar Lane

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Isabell (Last) Fleischmann

4. DATE OF DEATH (Month) June (Day) 11 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-6-1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: James E Topper

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Dorman Stein 2 Fern M. de Shazo (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Some days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c) 420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Boreham M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6-11-55

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 6-11-55 NAME OF CEMETERY OR CREMATORY Ft. Lincoln LOCATION (City, town, or county) (State) Bladensburg Rd., Md.

DATE REC'D BY LOCAL REG. 6-14-55 REGISTRAR'S SIGNATURE Frances Fetter 24. FUNERAL DIRECTOR ADDRESS J. H. Huntsman & Sons 5732 Ga Ave NW

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05724

5739 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 6-12-55 6-16-55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7H Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase 15 X
STREET ADDRESS (If rural give location) 4200 Rosemary St 1

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Cora (Last) Fleming
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W 8. DATE OF BIRTH: 10 | 89 9. AGE last birthday 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rev. Andrew Fleming
14. MOTHER'S MAIDEN NAME: Elizabeth Pimer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Margaret C. Fleming (Signature) 4200 Rosemary St Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442X
(A) Acute Congestive Heart Failure — 4 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cardio-vascular renal disease — 3 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1955, to June 16 1955 that I last saw the deceased alive on June 15, 1955, and that death occurred at 7:05 AM, from the causes and on the date stated above.

SIGNATURE Sidney Labouseur
ADDRESS M.D. 3921 Rugby Ave. Wash. 14, D.C.
DATE SIGNED 6/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 6-16-55
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/18/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert E. Crumbaugh
ADDRESS: Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

JUN 21 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5740

CERTIFICATE OF DEATH

015725

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 142 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 59 Natl Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Old Fort Rd.
STREET ADDRESS (If rural give location) 9135 Old Fort Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Flemings

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 26 Jan. 1901

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Short

14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1717 IMMEDIATE CAUSE (A) Cancer of cervix with widespread

ANTECEDENT CAUSE (S) DUE TO metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3 2/21/55

19B. MAJOR FINDINGS OF OPERATION: Ca. of cervix

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCoccur? --

22. I hereby certify that I attended the deceased from 31 Jan., 1955, to 21 June, 1955, that I last saw the deceased alive on 21 June, 1955, and that death occurred at 7:00A M, from the causes and on the date stated above.

SIGNATURE Harold M. Cole M.D. ADDRESS The Clinical Center Nat'l Institutes of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF June 25-55 | NAME OF CEMETERY OR CREMATORY Church Cemetery | LOCATION (City, town, or county) (State) Chapel Hill md. Pr. Ge. Co.

DATE REC'D BY LOCAL REGISTRAR 6/24/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR John T. Johnson & Co. ADDRESS 901-3rd St. S.W.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

05726

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5741

CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) X /

3. NAME OF DECEASED: (Type or Print) (First) Basil (Middle) Ray (Last) Frazier

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 7 Days 9 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Mover

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gaithersburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Basil F. Frazier

14. MOTHER'S MAIDEN NAME: Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Patience E. Frazier - Gaithersburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
780.5 IMMEDIATE CAUSE	(A) Inanition and Malnutrition	30 to 60 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1955, to 6/27, 1955, that I last saw the deceased alive on 6/27, 1955, and that death occurred at 6:25 A M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Damascus, Md. DATE SIGNED 6/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 1, 1955

NAME OF CEMETERY OR CREMATORY Brooke Grove

LOCATION (City, town, or county) (State) Laytonsville, Md.

DATE REC'D BY LOCAL REGISTRAR July 1, 1955

REGISTRAR'S SIGNATURE Ursula G. Cooke

23 FUNERAL DIRECTOR Robert L. Burruss

ADDRESS Rockville

5742

05727

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Glen Echo
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Potomac River at Sycamore

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Washington, D.C. 4th
STREET ADDRESS (If rural, give location): 2424 Chain Bridge Rd. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Preston (Last) Frizzell

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Nov. 19, 1935	19 yrs.		18		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Washington, D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Frizzell	Bessie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Bessie Clark Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 929.8 — DUE TO: Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: drowning

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) (County) (State)
	Potomac R	near Glen E. Md. Monty Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
6-7-55 9:30 P M.		drowned while storming

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Grant J. Bouchart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED: 6-8-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-10-55	Met. Dist Cem.	Potomac Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/8/55	Essie M. Thompson	W. A. Chambers Co.	1400 Eliza St. Balto

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REAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05728

5743

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: nr. Laurel
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: McKnew Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Mont.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: nr. Laurel
   STREET ADDRESS (If rural give location): McKnew Road

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) James (Last) Fulton

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 29, 1879

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Race Track Mutuel Dept

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Fulton

14. MOTHER'S MAIDEN NAME: Angeline Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-03-2855

17. INFORMANT & ADDRESS: Mrs. Thelma E. Fulton, Laurel, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 592X Uraemia — Interval Between Onset And Death: 3 da

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Interstitial Nephritis

DUE TO (c) Hypertension - Mitral Stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1955, to 6/12, 1955, that I last saw the deceased alive on 6/12, 1955, and that death occurred at 7p, from the causes and on the date stated above.

SIGNATURE (Degree or title): W B Sheppard. MD — ADDRESS: 314 Compton Ave Laurel — DATE SIGNED: 6/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 15, 1955 — NAME OF CEMETERY OR CREMATORY: Union Cemetery — LOCATION (City, town, or county) (State): Burtonsville, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 15 - 55 — REGISTRAR'S SIGNATURE: H. Brashears / Frances Peters — 24. FUNERAL DIRECTOR: Talbott Brooke Laurel Md — ADDRESS

RECEIVED
JUN
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05729

5710

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   COUNTY: Montgomery
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 807 Grandin Ave,
   LENGTH OF STAY (in this place): MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY: Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
   STREET ADDRESS (If rural give location): 807 Grandin Ave.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (NMI) (Last) GANDY

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-1-1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 9 Days 22 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Virginia Dorsey-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE — (A) Cardio-respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) generalized arteriosclerosis — Indef.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3/, 1955, to 6/23/, 1955, that I last saw the deceased alive on 6/23/, 1955, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] M.D. ADDRESS: Rockville Md DATE SIGNED: 6/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6-27-55

NAME OF CEMETERY OR CREMATORY: Rockville Union

LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/28/55

REGISTRAR'S SIGNATURE: Lowell K. Bridwell

24. FUNERAL DIRECTOR: Robert L. Pumphrey

ADDRESS: Bethesda, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05730

5744

CERTIFICATE OF DEATH

Reg. Dist. No. 2 / 7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville 12
STREET ADDRESS (If rural give location) √

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Theodore (Last) Gibson

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH:

9. AGE last birthday 48? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Gibson

14. MOTHER'S MAIDEN NAME: Mary Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 019.2 (A) Miliary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemolytic staphylococcus septicemia — 3 weeks

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28/55, 19.., to 6/24/55, 19.., that I last saw the deceased alive on 6/24/55, 19.., and that death occurred at 8:17 P.M., from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/28/55

NAME OF CEMETERY OR CREMATORY Methodist Church Cemetery

LOCATION (City, town, or county) (State) Simpsonville Md

DATE REC'D BY LOCAL REGISTRAR 6-29-55

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR F.C.Higinbotham ADDRESS Ellicott City, Md.

JUL 5 1955
BUREAU

5690

05731
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7216 Willow Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7216 Willow Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane Todd (Last) Gibson

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6-18-1870

9. AGE Last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arkansas

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Willis H Todd

14. MOTHER'S MAIDEN NAME: Caroline E Chester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Carlos G. Berry (daughter) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ..... DUE TO Coronary occlusion ..... Interval Between Onset and Death ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Travis J Bowstead M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 6-9-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-11-55 | NAME OF CEMETERY OR CREMATORY Rock Creek Cem. | LOCATION (City, town, or county) Wash. (State) D.C.

DATE REC'D BY LOCAL REG. 9-10-1955 | REGISTRAR'S SIGNATURE Littleton Dodd

24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901 14th N.W.

Wash. D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05732

5691 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Va. COUNTY 83x
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Portsmouth
STREET ADDRESS (If rural give location) 213 Grayson St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Isaak (Last) Glazer

4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-16-84

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Meyer Glazer

14. MOTHER'S MAIDEN NAME: Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
430.0 IMMEDIATE CAUSE	(A) acute myocardial failure	8 h
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Coronary occlusion DUE TO	14 h
[illegible]	(C) Arteriosclerotic Heart Disease	5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	5 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 09 June, 1955, to 12 June 1955 that I last saw the deceased alive on 12 June 1955, and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE Russell B. Arnold M.D. ADDRESS 8801 Colesville Rd., S.S. Md. DATE SIGNED 12 June '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit Burial

DATE THEREOF 6-14-55

NAME OF CEMETERY OR CREMATORY —

LOCATION (City, town, or county) Portsmouth, Va. (State)

DATE REC'D BY LOCAL REGISTRAR June 12 1955

REGISTRAR'S SIGNATURE J. Wilson Doak

24. FUNERAL DIRECTOR D. Arthur Walton ADDRESS 254 Carrey [illegible] Norfolk Va.

JUN 15 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05733

5745

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda RURAL
LENGTH OF STAY (In this place) 16 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville ?
STREET ADDRESS (If rural give location) 525 West Montgomery Ave

3. NAME OF DECEASED: (First) Everett (Middle) Stratmeyer (Last) Gormley
4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: Feb. 16, 1904
9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months 3 Days 22
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: of Materials-Schools
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry E. Stratmeyer
14. MOTHER'S MAIDEN NAME: Charlotte Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Charlotte Stratmeyer 525 West Montgomery Ave Rockville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE
(A) Acute Coronary Thrombosis
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Atherosclerosis of Left Descending Branch of Coronary Artery.
DUE TO (C)
INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April ..., 1952 to JUNE 12, 1955, that I last saw the deceased alive on JUNE 12, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.
SIGNATURE William Frank M.D. ADDRESS 1014 VIERS MILL RD. DATE SIGNED 6/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF 6/16/55
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/14/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Humphrey ADDRESS Bethesda, Md.

RECEIVED
JUN 16 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05734

5692

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park, Maryland
LENGTH OF STAY (in this place) 32 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Washington Sanitarium + Hospital 6607 Willow Ave. Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 17
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED. (Type or Print) (First) Emma (Middle) Frances (Last) Green

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 10-26 1899
9. AGE last birthday 55 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Tyler
14. MOTHER'S MAIDEN NAME: Rose Norton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Patient's chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
331X

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Essential hypertension — 15 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 3rd degree burn left face + arm — 1 day

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-, 1955 to 6-30, 1955 that I last saw the deceased alive on 6-30, 1955, and that death occurred at 8:30 PM, from the causes and on the date stated above.
SIGNATURE Samuel M Bageant M. D. ADDRESS Wash. DC. DATE SIGNED 7-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/5/1955
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR July 1-1955
REGISTRAR'S SIGNATURE J. Wchan
24. FUNERAL DIRECTOR Dodd W.W. Chambers Co.
ADDRESS 1400 Chapin Wash. D.C.

JUL 5 1955

5746 05735

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Bethesda R ural
LENGTH OF STAY (in this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Alexandria 83 X 3
STREET ADDRESS (If rural, give location): 15 East Bellefont

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) (n) (Last) GRIFFITH

4. DATE OF DEATH (Month) June (Day) 21 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	11-5-98	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	U. S. Goverment	Missouri	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
Yes WW I	Unknown	Wife Mrs. Mabel GRIFFITH Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 331X — (a) DUE TO: Cerebral Hemorrhage — Interval Between Onset and Death: 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John R. Hess M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ — DATE SIGNED 6-22-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	24 June 1955	Ivy Hill Cemetery	Alexandria, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
22 June 1955	Mary E. Farrelly	Wheatley Funeral Home	809 King Street, Alexandria, Virginia

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

05736

5747

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RESMOR SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 5203 Undover Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ADAMS (Last) GROSE

4. DATE OF DEATH (Month) (Day) (Year): 6 / 8 / 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 3 AUG 1870

9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Methodist Minister

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Adams Grose

14. MOTHER'S MAIDEN NAME: Melissa Dickens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Margaret Armiger Silver Spring Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Respiratory Failure	24 hrs.
Antecedent cause(s) (b)	Heart Failure	3 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Adeno carcinoma of Colon	6 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Advanced Arteriosclerosis	2 years

152X

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20/1955 to 6/8/1955, that I last saw the deceased alive on 6/7/1955, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Jaggers Jr. M.D. ADDRESS: 5707 Wisconsin Ave. Chevy Chase, Md. DATE SIGNED: 6/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 10 1955 — NAME OF CEMETERY OR CREMATORY: Shepherdstown — LOCATION (City, town, or county) (State): Shepherdstown West Virginia

DATE REC'D BY LOCAL REG.: June 10, 1955 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS: Roy W. Barber, Taylorsville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05737

5748

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20651712370

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville X
STREET ADDRESS (If rural give location) R + # 2

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Hall

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: June 8/55

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 7 Min. 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jackie Hedgwick

14. MOTHER'S MAIDEN NAME: Anna Bell Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mother RT # 2 Rockville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Asphyxia

ANTECEDENT CAUSE (S) DUE TO (B) Immaturity (6½ months)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Premature labor

INTERVAL BETWEEN ONSET AND DEATH: 7 hours 20 min

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1955, to June 8, 1955, that I last saw the deceased alive on June 8, 1955, and that death occurred at 905 A M, from the causes and on the date stated above.

SIGNATURE Dallas M. M. Berry M.D. ADDRESS DATE SIGNED 6/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-11-55

NAME OF CEMETERY OR CREMATORY Lincoln Park

LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REGISTRAR 6/11/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert L. Savoie

ADDRESS Rockville Md

JUN 1 2 1958
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05738

5749

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 37 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Eugene (Last) Hallman

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Sept. 5, 1880 | 9. AGE last birthday: 74 yrs | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman
10B. KIND OF BUSINESS OR INDUSTRY: B. & O. Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Hallman
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Gertrude Briley Barnesville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4211 IMMEDIATE CAUSE	(A) DUE TO Acute myocardial infarction	few minutes
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary thrombosis, Bt. posterior	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Emboli, bilateral

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1955, to June 4, 1955, that I last saw the deceased alive on June 1, 1955, and that death occurred at 11:25 PM, from the causes and on the date stated above.
SIGNATURE George Thorpe M. D. ADDRESS 1064 Conn. Ave Kensington Md. DATE SIGNED 6-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial June 8 at Bellschapel Dickerson Md

DATE REC'D BY LOCAL REGISTRAR 6/10/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RUDEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05739

5750 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Texas COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) San Antonio 8 X-3
STREET ADDRESS (If rural give location) 140 Harriette Drive

3. NAME OF DECEASED: (Type or Print) (First) Elinor (Middle) Ruth (Last) Hammer

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 12, 1902

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sam Harris

14. MOTHER'S MAIDEN NAME: Hannah Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 193X

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Malignant melanoma DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4/28/55

19B. MAJOR FINDINGS OF OPERATION Malignant melanoma

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from April 2, 1955, to June 5, 1955, that I last saw the deceased alive on June 5, 1955, and that death occurred at 11:00 PM, from the causes and on the date stated above.

SIGNATURE M.D. R. Lane Wyatt ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION DATE THEREOF JUNE 6, 1955 NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/6/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Jas Gawler's Sons Inc ADDRESS 1756 16 Ave N.W.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11—10-53

JUN 9 1 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05740

5751

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 158 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Virginia COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Summit Point, W. Virginia
STREET ADDRESS (If rural give location) -- 85x.3

3. NAME OF DECEASED: (Type or Print) (First) Rease (Middle) -- (Last) Harris

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 17 March 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 3 Days 0 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): W. Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: -- Harris

14. MOTHER'S MAIDEN NAME: Margaret Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163 X
IMMEDIATE CAUSE (A) Carcinoma of lungs with metastasis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 10, 1955

19B. MAJOR FINDINGS OF OPERATION: Biopsy of skin nodule - metast. carcinoma.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan., 1955, to 17 June, 1955., that I last saw the deceased alive on 17 June, 1955, and that death occurred at 9:00A M, from the causes and on the date stated above.

SIGNATURE M. D. Leonard Cecil ADDRESS The Clinical Center Nat'l Institutes of Health DATE SIGNED 17 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-20-55 | NAME OF CEMETERY OR CREMATORY Jamestown Cem | LOCATION (City, town, or county) (State) Jefferson Co. W.Virginia

DATE REC'D BY LOCAL REGISTRAR 6/18/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Nelvin S. Strider ADDRESS Charles Town, W.Va.

JUN 21 19
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05741

5752

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (In this place) 65 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY 4th
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1025 15th Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Hobart (Middle) Horace (Last) Hart

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9 January 1900

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clothing business

10B. KIND OF BUSINESS OR INDUSTRY: Clothing business

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wallace BURDETTE

14. MOTHER'S MAIDEN NAME: K. N. NORMAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Friend Hazel VARNEY 1025 15th St. N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X IMMEDIATE CAUSE (A) Carcinoma of Left Lung DUE TO — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Sept. 1954

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Lung (Left)

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1955 to 4 June, 1955 that I last saw the deceased alive on 4 June, 1955, and that death occurred at 6:35 PM, from the causes and on the date stated above.

SIGNATURE A. J. CAPPELLETTI LT MC USN — ADDRESS U. S. Naval Hospital, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 6-10-55 — NAME OF CEMETERY OR CREMATORY Lee's Modern Funeral Home — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 9 June 1955 — REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR Lee Funeral Home — ADDRESS 4th & Mass. Ave. NE Washington, D. C.

RECEIVED
JUN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05742

5753

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Bethesda

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville 26

STREET ADDRESS (If rural, give location): 1003 Paul Drive 1

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
(Type or Print) LOUISE A. HAYWARD	June 24, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	9-12-1871	83 yrs.	9	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Porter Alger	? Brosius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
No		Robert E. Learmouth- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331X Immediate cause	(a) Cerebro vascular accident	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ....., 19 55, to June 24, 19 55, that I last saw the deceased alive on June 24, 19 55, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
W. R. Hall	M.D.	Rockville, Md	6/24/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-27-55	Parklawn	Rockville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/27/55	Bessie M. Thompson	Roberts Campbell Jr.	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05743

5754 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 709 G Street, S.E.

3. NAME OF DECEASED: (First) Valentine (Middle) (n) (Last) HEGEDUS

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8-20-87
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Valentine HEGEDUS
14. MOTHER'S MAIDEN NAME: Sarah SERRIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Son Louis Valentine HEGEDUS Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Obstruction, superior vena cava — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (B) DUE TO: Aneurysm, ascending aorta — 24 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia, lobar. — 3 days.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1955, to 1 June, 1955 that I last saw the deceased alive on 1 June, 1955, and that death occurred at 2:26 A M, from the causes and on the date stated above.

SIGNATURE E. J. Rupnik — ADDRESS — DATE SIGNED

E. J. RUPNIK LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	2 June 1955	Cedar Hill Crematory	Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1 June 1955	Mary E. Crawley	Ryan Funeral Home	317 Pennsylvania Avenue, Washington, D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

! 5755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05744

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 9, Film G183, 6/30/55 Icy

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY 4 "X-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
STREET ADDRESS (If rural give location) 5101-38th St. N.W. ✓

3. NAME OF DECEASED: (First) William (Middle) Ray (Last) Henderson
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		7/27/83	71 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Schoolteacher
11. BIRTHPLACE (State or foreign country): Wilbur, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alvin Perry Henderson
14. MOTHER'S MAIDEN NAME: Mary Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Lela H. Mead (Daughter) (Home address)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

33 X
900.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured Left Hip - Fracture dislocated Left Radius — 48 h.

19A. DATE OF OPERATION: 6/10/55 6/21/55
19B. MAJOR FINDINGS OF OPERATION (1) Reduction dislocated Radius (2) Hip nailing
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 5101 38th St. N.W. Wash. D.C.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/20/55 3:30 P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Pt. fell on stairs

22. I hereby certify that I attended the deceased from 6/20, 1955, to 6/22, 1955, that I last saw the deceased alive on 6/21, 1955, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE Austin B. Robey Jr. M.D. ADDRESS 104 Chevy Chase Dr. DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	6/24/55	Cedar Hill Crematory	Prince Geo. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 6/24/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Martin W. Hysong Co.
ADDRESS 1300 - N St. N.W. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05745

5756 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 10 hrs 48min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X 3
STREET ADDRESS (If rural give location) 719 Rittenhouse Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) (n) (Last) HEUMANN

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-2-05
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Women's Apparell Shop
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Isodor HEUMAN
14. MOTHER'S MAIDEN NAME: Unknown Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Irma B. HEUMANN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
151X
IMMEDIATE CAUSE (A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: unknown
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jun., 1955, to 15 Jun., 1955, that I last saw the deceased alive on 15 Jun, 1955, and that death occurred at 10:43PM, from the causes and on the date stated above.

SIGNATURE W. J. Freud — ADDRESS — DATE SIGNED
W. J. FREUD LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 17 June 1955
NAME OF CEMETERY OR CREMATORY: Achduth Chevra Mt Lebanon Cemetery, Maryland
LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REGISTRAR: 16 June 1955
REGISTRAR'S SIGNATURE: Mary E. Caselly
24. FUNERAL DIRECTOR — ADDRESS: Danzansky & Son Funeral Home 3501 14th Street, N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05746

CERTIFICATE OF DEATH

Reg. Dist. No. 216

5757

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3507 W Place N. W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) Robinson (Last) Howell

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify).
8. DATE OF BIRTH: Aug. 20, 1872
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Robinson
14. MOTHER'S MAIDEN NAME: Isabel Spence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Mrs. Gladys [illegible] 3507 W Place N. W. [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 581.0	(A) Atrophic Cirrhosis of Liver	10 yrs
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) ~~Cancer~~ DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Generalized Arteriosclerosis — 20 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan '55 to June 26, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE Virgil Sharpe
ADDRESS M.D. 10644 Conn. Ave
DATE SIGNED 27 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 6-28-55 | NAME OF CEMETERY OR CREMATORY LEBANON | LOCATION (City, town, or county) (State) LEBANON INDIANA

DATE REC'D BY LOCAL REGISTRAR 6/28/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Jas Sanderson Sons | ADDRESS 1756 Pa Ave. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05747

5693 **CERTIFICATE OF DEATH** Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park.
LENGTH OF STAY (in this place) 5 hrs 13 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: (see birth cert.)
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 16152
STREET ADDRESS (If rural give location) 2109 Guilford Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Huber

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX 7e
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6-9-55
9. AGE last birthday ... yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5 Min. 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Paul Huber
14. MOTHER'S MAIDEN NAME: Barbara Mc Donough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9, 1955, to 6/9, 1955, that I last saw the deceased alive on 6/9, 1955, and that death occurred at 8:45 pM, from the causes and on the date stated above.

SIGNATURE AH Diamond M.D. ADDRESS 5224 - 92 Ave DATE SIGNED 6/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-10-55
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Alex. Va.

DATE REC'D BY LOCAL REGISTRAR 6-14-55
REGISTRAR'S SIGNATURE Frances Pilat
24. FUNERAL DIRECTOR Dominion Funeral Home Alex. Va. 320 Address Ed.

RECEIVED
JUN 16 1955
BUREAU V. S.

5758

05748

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Poolesville
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac R. at Edwards Ferry

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Juanita (Last) Hunt

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 6-11-41 | 9. AGE last birthday: 14 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Woodrow W. Hunt | 14. MOTHER'S MAIDEN NAME: Mary E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: [illegible] | 17. INFORMANT & ADDRESS: Woodrow W Hunt (Father) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 929.7 Asphyxia DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Drowning DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-20-55 4:40 P M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☑ | 21f. HOW DID INJURY OCCUR? Drowned while swimming

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 6-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 6/23/55 | NAME OF CEMETERY OR CREMATORY Montevue | LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 6/24/55 | REGISTRAR'S SIGNATURE Charles W Elgin | 24. FUNERAL DIRECTOR J. Clarence Hunter | ADDRESS Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05749

5759 CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2826 Munson Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE California COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Los Angeles 43 X - 3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Antonia (Last) Jehle

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: July 16, 1880 | 9. AGE last birthday: 74 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist | 10B. KIND OF BUSINESS OR INDUSTRY: Self-employed | 11. BIRTHPLACE (State or foreign country): St. Paul, Minn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jehle | 14. MOTHER'S MAIDEN NAME: Rosa Denzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS. Mr. Robert A. Jehle, 2826 Munson St. Glenmont, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
3.31X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage.	3 months
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerosis, Generalized	10 years.
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma Left Breast		15 years.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 9 June, 1955, that I last saw the deceased alive on 1 June, 1955, and that death occurred at 11:45 A M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. | ADDRESS 7112 Willow Ave Takoma Park | DATE SIGNED 9 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 6/9/55 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory | LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR 6-7-55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05750

5760 **CERTIFICATE OF DEATH** Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9310 Old Bladensburg Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9310 Old Bladensburg Road

3. NAME OF DECEASED: (Type or Print) (First) Johanna (Hanna) (Middle) T. (Last) Johnson

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: April 4, 1881

9. AGE last birthday: 74 yrs

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Nyvik, Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Per Zetterlund

14. MOTHER'S MAIDEN NAME: Christina Persdotes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS: Mr. Edna C. Lundburg, 9310 Old Bladensburg Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442X IMMEDIATE CAUSE	(A) Cerebral Edema	14 days.
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Cardio Vascular Renal disease	2 yrs.
	(C) Arterio-sclerosis & Hypertension	5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1949 to 6/6, 1955, that I last saw the deceased alive on 5/31, 1955, and that death occurred at 12:10 P.M. from the causes and on the date stated above.

SIGNATURE Francis Peterson M.D. ADDRESS 7717 Alaska Ave N.W. Wash D.C. DATE SIGNED 6 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Trans. & Burial

DATE THEREOF: 6/8/55

NAME OF CEMETERY OR CREMATORY: Oneota Cemetery

LOCATION (City, town, or county) (State): Duluth, Minn.

DATE REC'D BY LOCAL REGISTRAR: 6-7-55

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

This certificate signed with the knowledge and permission of Dr. Brochant.

12/6/35.

J. V. Richardson M.D.

5761

05751

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (In this place) Dec.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 4th-3
STREET ADDRESS (If rural, give location) 1214 Penn St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) Lewis (Last) Johnson

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 10, 1929

9. AGE last birthday: 25 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Supplies

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Johnson

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Carrie L. Johnson 1214 Penn St. N.E. Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cardiac Decompensation Acute with recent Hemiparesis	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary Thrombosis, left anterior descend.	3 wks.
	DUE TO (c)	Coronary Atherosclerosis	1 yr.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Donald J. Broadhurst M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 6-18-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-23-55

NAME OF CEMETERY OR CREMATORY Needlawn

LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REG. 6/20/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Frazier's Funeral Home

ADDRESS 3849 Rhode Island Ave. Frazier, Washington, D.C. Nat

5762

05752

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 217

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 785

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington — 4½ -
STREET ADDRESS (If rural, give location) 1015 N St. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Estelle (Middle) Josephine (Last) Jones

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1955

5. SEX: Fem

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 21 1936

9. AGE last birthday: 18 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Jones

14. MOTHER'S MAIDEN NAME: Margaret Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage + laceration — INTERVAL BETWEEN ONSET AND DEATH: 2½ days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of skull

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY highway

21c. (City or town) Highland (County) Howard (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-12-55 7 A ■

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Passenger in auto which left highway

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE David Brochart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 17 1955

NAME OF CEMETERY OR CREMATORY Green Spring

LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. June 16-55

REGISTRAR'S SIGNATURE G. L. Ferris M. D.

FUNERAL DIRECTOR H. P. Madison Mitchell

ADDRESS Havre de Grace, Md.

Gertrude L. Lawe

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05753

5763

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home 9412 Georgia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 14424 Connecticut Road
STREET ADDRESS (If rural give location) Silver Spring Md.

3. NAME OF DECEASED (Type or Print): (First) VERNA (Middle) AMANDA (Last) JONES

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 2 - 1889

9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): NITTNY - PENN.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ADAM CLARKE McCLINTOCK

14. MOTHER'S MAIDEN NAME: JOSEPHINE WELSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Robert N. Jones - Colesville Rd. S.S. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1.
2.
IMMEDIATE CAUSE (A) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: about 1 yr
ANTECEDENT CAUSE (S) DUE TO
3.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
4.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm factory OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955 to June 6, 1955, that I last saw the deceased alive on June 6, 1955, and that death occurred at 11:30 M. from the causes and on the date stated above.

SIGNATURE M. D. William D. Auld — ADDRESS Silver Spring — DATE SIGNED 6 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-9-55 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem. — LOCATION (City, town, or county) (State): Prince Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 6-9-55 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: The D.H. Hines Co — ADDRESS: 2901-14th St. N.W. Wash. D.C.

05754

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5764 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 4015 Benton Street, N.W. V

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) JORDAN

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-19-89

9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Communications operator

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. JORDAN

14. MOTHER'S MAIDEN NAME: Fannie HAMMOND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1917-1919

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Son Leland True JORDAN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Hypertensive and arterio-

ANTECEDENT CAUSE (B) DUE TO sclerotic Heart disease — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (STATING UNDERLYING CAUSE LAST. (260X)) (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 May, 1955, to 21 June, 1955 that I last saw the deceased alive on 21 June, 1955, and that death occurred at 8:40P M, from the causes and on the date stated above.

SIGNATURE M. Eugene Flipse — ADDRESS — DATE SIGNED

M. E. FLIPSE LCDR MC USN U. S. Naval Hospital M.P. NNMC Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6-24-55

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 22 June 1955

REGISTRAR'S SIGNATURE: Mary E. Cassilly

24. FUNERAL DIRECTOR: S. H. Hines Funeral Home

ADDRESS: 2901 17th Street, N.W., Washington, D.C.

RECEIVED
JUN 24 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05755

5765

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Ohio COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundas
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Virgil (Middle) None (Last) Kendricks

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: April 25, 1915

9. AGE last birthday 40 yrs. IF UNDER 1 YEAR Months 1 Days 15 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming -self

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nevada Kendricks

14. MOTHER'S MAIDEN NAME: Sophie Thacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 233-12-8893

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411X IMMEDIATE CAUSE (A) Congestive heart failure due to Aortic Stenosis

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 8, 1955

19B. MAJOR FINDINGS OF OPERATION: Aortic Stenosis

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1955, to June 10, 1955, that I last saw the deceased alive on June 10, 1955, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

SIGNATURE Jerr Harold Kay M.D. ADDRESS The Clinical Center M. D. National Institutes of Health DATE SIGNED 6/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-transit | DATE THEREOF 6/11/1955 | NAME OF CEMETERY OR CREMATORY McArthur Cemetery | LOCATION (City, town, or county) Vinton County (State) Ohio

DATE REC'D BY LOCAL REGISTRAR 6/13/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Roberts & Humphrey | ADDRESS Bethesda, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5766

05756

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 4, Film 182 6-13-55 et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 4405 Glenridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Louis (Last) Kirkland

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Nov. 16, 1893

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months 5 Days; IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William (D)

14. MOTHER'S MAIDEN NAME: Kreamer (P)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1914

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Doris (wife), 4405 Glenridge Rd, Kensington

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 IMMEDIATE CAUSE	(A) DUE TO	Congestive Heart Failure	less than 2 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Coronary Thrombosis	3 yrs
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to present 19, that I last saw the deceased alive on June 5, 1955, and that death occurred at 4:15 A.M, from the causes and on the date stated above.

SIGNATURE John C. K. Yu ADDRESS M. D. 11718 Viers Mill Rd., Silver Md. DATE SIGNED 6-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 5-5-55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) Work. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/6/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Francis J. Coakley ADDRESS 3821-14th St. N.W. Wash., D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05757

5767

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): 6-1-55 | 6-9-55
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
STREET ADDRESS (If rural give location): 4519 Highland Ave.

3. NAME OF DECEASED: (First) Sue (Middle) M. (Last) Kline

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 11-22-12 | 9. AGE last birthday: 42 yrs | IF UNDER 1 YEAR: Months 7 Days 17 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-Typist | 10B. KIND OF BUSINESS OR INDUSTRY: N.I.H. | 11. BIRTHPLACE (State or foreign country): Alabama | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph McCluskey | 14. MOTHER'S MAIDEN NAME: Sue Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Yes No. unknown | 17. INFORMANT & ADDRESS: J.P.McCluskey, Jr. Bro. Empora, Miss.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
230X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	Few Minutes
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Ruptured Berry Aneurysm Circle of Willis DUE TO Congenital	40+ Years
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hypertension	4 (?) Years

19A. DATE OF OPERATION: (none) | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1955, to June 9, 1955, that I last saw the deceased alive on June 8, 1955, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE Samuel W. Long M. D. | ADDRESS 915-19th St. NW Washington D.C. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	6-11-55	Highland Memorial Park	Knoxville Co. Tenn.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/11/55	Bessie M. Thornton	Robert A. Humphrey	Bethesda, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05758

5694

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: 17 Takoma Park
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Adelphi
STREET ADDRESS (If rural give location): 9233 Riggs Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) — (Last) Krever

DATE OF DEATH (Month) (Day) (Year): 6 - 23 - 1955

5. SEX: Fe
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-15-80
9. AGE last birthday: 74 yrs. (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Jacob Cogen
14. MOTHER'S MAIDEN NAME: Hanna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE — (A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 30 months

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive and coronary arteriosclerotic
DUE TO (C) heart disease — 10 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to June 23, 1955, that I last saw the deceased alive on June 23, 1955, and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE: Aaron H. Traum — ADDRESS: 8237 Georgia Ave Silver Spring, Md. — DATE SIGNED: June 23 1955
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6/25/55 — NAME OF CEMETERY OR CREMATORY: Garden Memorial — LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR: June 24 1955 — REGISTRAR'S SIGNATURE: Wilma Nock
24. FUNERAL DIRECTOR: Goldberg Funeral Home — ADDRESS: Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05759

5711

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville.
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 Seven Locks Road

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Seven Locks Road Rout #2.

3. NAME OF DECEASED. (Type or Print) CORINNE (Middle) Sasser (Last) Kunkel

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1955

5. SEX. Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 18 1904

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Secretary

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Houston Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R. F Sasser

14. MOTHER'S MAIDEN NAME: Lorena Maud Chisolm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr Charles Kunkel Rt 2 # Seven Locks Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Intestional Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSE (B) DUE TO (B) Carcinoma Bowel — 5 Months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Feb 1955

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Bowel Primary Site & Stomach Pancreas

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to June 13, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 5 35 P M, from the causes and on the date stated above.

SIGNATURE Charles Jerome Fielding M. D. ADDRESS 4926 St Elmo Ave Bethesda 14 Md DATE SIGNED 6/13/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-15-55 — NAME OF CEMETERY OR CREMATORY Parklawn — LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/15/55 — REGISTRAR'S SIGNATURE Samuel H. Brayley — 24. FUNERAL DIRECTOR Robert B. Crumpley — ADDRESS Bethesda, Md.

RECEIVED
JUL 16 1955
BUREAU OF

05760

213

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5712

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Rockville Pike 2 1

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) A. (Last) LAKE

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: Sept. 7, 1869

9. AGE last birthday: 85 yrs. If under 1 year: Months 8 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Lake

14. MOTHER'S MAIDEN NAME: Elizabeth Betzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Chas. E. Lake - nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x

Immediate cause (a) Carcinoma of Colon (Hepatic flexure) c — Interval between onset and death: 2-3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 52, to June, 19 55, that I last saw the deceased alive on June 4, 19 55, and that death occurred at 5:17 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard A. Yates MD — ADDRESS Olney, Md. — DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6-8-1955 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Montgomery Maryland

DATE REC'D BY LOCAL REG. 6/7/55 — REGISTRAR'S SIGNATURE Laurell H. Brayton 6/8/55

24. FUNERAL DIRECTOR: Robert A. Umphrey — ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
JUN 10 1955
BUREAU V. S.

5713

05761

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 213

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rockville

LENGTH OF STAY (in this place) 3 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS R-1 Glen Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Montg

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville (Rural) X

STREET ADDRESS (If rural, give location) R-1 Glen Rd 1

3. NAME OF DECEASED: (Type or Print) (First) Joanne (Middle) Taylor (Last) Lloyd

4. DATE OF DEATH (Month) June (Day) 12 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-25-1919

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter W Taylor

14. MOTHER'S MAIDEN NAME: Marjorie Weiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Carl Lloyd (husband) same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Found dead in bed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Asthma — life

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town, (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Rossheart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 6-14-55 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Emittsburg Md.

DATE REC'D BY LOCAL REG. 6/14/55 6/12/55

REGISTRAR'S SIGNATURE Lowell K. Kingdon

24. FUNERAL DIRECTOR Joe Gardella & Son ADDRESS 755 Jackson N.W. Wash D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05762

5768

CERTIFICATE OF DEATH

Reg. Dist. No. 2/4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place) 2 yrs 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Naval Hospital Ex U.S. Naval Home 3510 Rockwood Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 3510 Rockwood Parkway

3. NAME OF DECEASED: (First) John (Middle) A (Last) Lloyd

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: July 2 - 1866
9. AGE last birthday: 88 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): U.S.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Lloyd
14. MOTHER'S MAIDEN NAME: Anna [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senility — INTERVAL BETWEEN ONSET AND DEATH: Yrs

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis Senility — Yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Nervous Exhaustion (Terminal) — 1 week

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27/55, 19..... to 6/4/55, 19....., that I last saw the deceased alive on 6/2/55, 19..., and that death occurred at 8:45 A M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Kensington Md DATE SIGNED 6/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 6-4-55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-6-55
REGISTRAR'S SIGNATURE Frances Tolbert
24. FUNERAL DIRECTOR Wood Funeral Home
ADDRESS 4812 Hamm Washington DC

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05763

5769

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural- Damascus
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) R.F.D. # 3 Mt. Airy

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Damascus X
STREET ADDRESS (If rural give location) R.F.D. # 3 Mt. Airy 1

3. NAME OF DECEASED: (Type or Print) (First) Baby Boy (Middle) (Last) Lyles

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 6-21-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Nr. Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lyles

14. MOTHER'S MAIDEN NAME: Helena Genus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: --

17. INFORMANT & ADDRESS: Mr. John Lyles, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7620 IMMEDIATE CAUSE (A) Atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1955, to 6/21, 1955 that I last saw the deceased alive on 6/21, 1955., and that death occurred at 1:30 A M, from the causes and on the date stated above.

SIGNATURE James P. Kerns M D ADDRESS Damascus, Md. DATE SIGNED 6/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 21, 1955 — NAME OF CEMETERY OR CREMATORY Friendship — LOCATION (City, town, or county) Nr. Damascus, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 21/1955 — REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR Clin L. Molesworth — ADDRESS Damascus, Md.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05764

5770 **CERTIFICATE OF DEATH** Reg. Dist. No. 211

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1165 31 X 311

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural- Damascus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 3 Mt. Airy

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Damascus X
STREET ADDRESS (If rural give location) R:F.D. # 3 Mt. Airy 1

3. NAME OF DECEASED: (Type or Print) (First) Baby Girl (Middle) (Last) Lyles

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH. June 21, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. 17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Nr. Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lyles

14. MOTHER'S MAIDEN NAME: Helena Genus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: Mr. John Lyles, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 IMMEDIATE CAUSE (A) Atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1955, to 6/21, 1955 that I last saw the deceased alive on 6/21, 1955, and that death occurred at 1:35 A M, from the causes and on the date stated above.

SIGNATURE James D. Kerr M.D. ADDRESS Damascus, Md. DATE SIGNED 6/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 21, 1955 | NAME OF CEMETERY OR CREMATORY Friendship | LOCATION (City, town, or county) (State) Nr. Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR June 21, 1955 | REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

05765

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5695

CERTIFICATE OF DEATH

Reg. Dist. No. 23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) 17 Takoma Park; MARYLAND LENGTH OF STAY (in this place) 24 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium & Hospital Marjorie Elizabeth

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X; STREET ADDRESS (If rural give location) 2 Cedar Avenue

3. NAME OF DECEASED (Type or Print): (First) Marjorie (Middle) Elizabeth (Last) MacKall

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7-27-92

9. AGE last birthday: 62 yrs; IF UNDER 1 YEAR: Months 11, Days 54; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gaithersburg Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M. Carlisle

14. MOTHER'S MAIDEN NAME: Miriam Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. 9107 Flower Ave. Mary C. Clarke R.N. S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Metastatic Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Sept. 1954

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of cervix

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1955, to 6-4, 1955, that I last saw the deceased alive on 6-8, 1955, and that death occurred at 10:00 A M, from the causes and on the date stated above.

SIGNATURE Paul V. Starr M.D. ADDRESS Takoma Park, Md. DATE SIGNED 6-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-6-55 — NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery — LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REGISTRAR: June 7-1955 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: E. L. Bartlett — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05766

5771

CERTIFICATE OF DEATH

Reg. Dist. No. 316

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 120 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 47 x 3
STREET ADDRESS (If rural give location) 3685th 38th St. N. W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Marie (Last) Mahony

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 15, 1901

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Secretary

10B. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mahony

14. MOTHER'S MAIDEN NAME: Margaret Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 X
IMMEDIATE CAUSE (A) Adenocarcinoma of the breast
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Jan ..., 1955, to 4 Jun ..., 19 55, that I last saw the deceased alive on 4 Jun ..., 19 55, and that death occurred at 10:55 A M, from the causes and on the date stated above.

SIGNATURE Harold Altman, M. D. ADDRESS The Clinical Center M. D. Natl Institutes of Health DATE SIGNED June 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal & Burial
DATE THEREOF 6/4/55
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) (State) Boston Mass

DATE REC'D BY LOCAL REGISTRAR 6/6/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Theo. H. Hines Co.
ADDRESS 2901-14th St. N.W. Wash. D. C.

JUN 8 1 '5
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05767

5772

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Virginia COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salem, 85 x 3
STREET ADDRESS (If rural give location) Rural Delivery 2

3. NAME OF DECEASED (Type or Print): (First) Donland (Middle) Eugene (Last) Matthey

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 19, 1947

9. AGE last birthday: 8 yrs
IF UNDER 1 YEAR: Months -, Days 28
IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Matthey

14. MOTHER'S MAIDEN NAME: Blanch Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.0
IMMEDIATE CAUSE (A) Cerebral hemorrage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Acute lymphoblastic leukemia DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 19 55 to June 17, 19 55 that I last saw the deceased alive on June 17, 19 55, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

SIGNATURE M. D. L. Leonard Sobel ADDRESS The Clinical Center National Institutes of Health DATE SIGNED 17 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-20-55

NAME OF CEMETERY OR CREMATORY K of P Memorial Pk

LOCATION (City, town, or county) (State) Harrison Co. W. Virginia

DATE REC'D BY LOCAL REGISTRAR 6/18/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphrey

ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUN 21
BUREAU V. S.

05768

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film 5183 7-7-55 et 5696

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1 PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK, MD
LENGTH OF STAY (in this place) 1 mo 14 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mongomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Wash. D. C. 4, D.C.
STREET ADDRESS (If rural give location) 811 Buttermilk St. N.W. 7000 Piney Branch Wash. 12

3. NAME OF DECEASED: (Type or Print) (First) LUCY (Middle) GARNETT (Last) MAYO

4. DATE OF DEATH. (Month) JUNE (Day) 8 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE | 8. DATE OF BIRTH: 2/27/66 | 9. AGE last birthday: 89 yrs | IF UNDER 1 YEAR Months 2 Days 11 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): VIRGINIA | 12. CITIZEN OF WHAT COUNTRY? AMERICAN

13. FATHER'S NAME: ROBERT MAYO | 14. MOTHER'S MAIDEN NAME: ANNE L. BASS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: HOSPITAL RECORD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 MOS.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO GEN. ARTERIOSCLEROSIS — 20 YRS
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BRONCHO PNEUMONIA

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 25, 1955, to 6-8, 1955, that I last saw the deceased alive on 6-5-55, 19 , and that death occurred at 2:45 PM, from the causes and on the date stated above.

SIGNATURE Arthur E Lyon — ADDRESS 7601 Eastwood Ave Takoma Park MD — DATE SIGNED 6-8-55 — M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 6-11-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 9-1955 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR Robert R. Dunphrey | ADDRESS Beth. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05769

5773

CERTIFICATE OF DEATH

Reg. Dist. No. 216.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 69 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Resmor Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 9511 Bulls Run Parkway

3. NAME OF DECEASED: (Type or Print) (First) Olive (Middle) Frances Lake (Last) McCOMAS

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 23, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 1 Days 16 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilmot Lake

14. MOTHER'S MAIDEN NAME: Frances Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 9511 Bulls RunPkwy Elizabeth M. Sprague Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSE (B) DUE TO Fracture

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Cancer — 15 yrs

19A. DATE OF OPERATION: None

19B MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1944 to June 9, 1955 that I last saw the deceased alive on June 2, 1955, and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE E. E. Junton M.D. ADDRESS 1801 Eye NW Wash DC DATE SIGNED July 9 '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/11/55 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 6/11/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24 FUNERAL DIRECTOR Robert A. Stumphrey | ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUN 1[illegible] 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05770

5774 CERTIFICATE OF DEATH Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING 56
STREET ADDRESS (If rural give location) 8712 COLESVILLE ROAD

3. NAME OF DECEASED: (Type or Print) (First) PHILOMENA (Middle) (Last) Mc CRORY

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1955

5 SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: 7-14-90 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10B KIND OF BUSINESS OR INDUSTRY: | 11 BIRTHPLACE (State or foreign country): NEW JERSEY | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANCIS WILLIAMS

14. MOTHER'S MAIDEN NAME: ELLEN FLYNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 161-07-9376

17. INFORMANT & ADDRESS. Eleanor M. Forman 5901 Carlton Lane, Wash. 16, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
IMMEDIATE CAUSE (A) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: about 1 yr

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1953 to 25 June, 1955 that I last saw the deceased alive on 25 June, 1955, and that death occurred at 1:15 P M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED 6/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 6-25-55 | NAME OF CEMETERY OR CREMATORY St. John's Cem. | LOCATION (City, town, or county) Forest Glen, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6-28-55 | REGISTRAR'S SIGNATURE Frances J. Collins

24 FUNERAL DIRECTOR Francis J. Collins | ADDRESS 3821-14th N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05771

5697 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-63

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park, Md. 17
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wash. San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. 17
STREET ADDRESS (If rural give location) 104 Sycamore Ave 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mc E/haney

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 1955

5. SEX: male white

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 6-4-55

9. AGE last birthday yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours 1 Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Takoma Park, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Swan E. Richesin

14. MOTHER'S MAIDEN NAME: Alma Rose Mc Elhaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Pneumonitis - 5 mo. gestation

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4..., 1955 to ... 6-4..., 1955 that I last saw the deceased alive on 6-4, 1955, and that death occurred at 2.35 AM, from the causes and on the date stated above.

SIGNATURE Emma Hughes M. D. ADDRESS Takoma Park, Md. DATE SIGNED 6-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 6 10-55

NAME OF CEMETERY OR CREMATORY Wash. San & Hosp.

LOCATION (City, town, or county) (State) Takoma Park Md

DATE REC'D BY LOCAL REGISTRAR June 10-1955

REGISTRAR'S SIGNATURE J Walton Dodd

24. FUNERAL DIRECTOR T A Hare, M.D.

ADDRESS Takoma Park Md

Written permission rec'd from Dept of Health M.C.P.

M

I

DC-16/240

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05772

5775

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 7, Film 18½ 6-13-55 e t

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda RURAL
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 7400

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3418 Garfield St. N.W.

3. NAME OF DECEASED: (First) Frank (Middle) Michael Mc (Last) Laughlin
4. DATE OF DEATH (Month) June (Day) 5 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: March 24 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Tavern Service
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frank Mc Laughlin
14. MOTHER'S MAIDEN NAME: Margaret Burke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Mrs Cigrle McLaughlin 3418 Garfield St. Wash. D.C. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2 & 4 IMMEDIATE CAUSE (A) Acute Myelogenous Leukemia 8 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1955, to June 5, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 6:10 A M, from the causes and on the date stated above.

SIGNATURE Sidney L. Lourie, M.D. ADDRESS 3921 Livingston St. N.W. DATE SIGNED 6/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5-8-55
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 6/7/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR James T. Ryan
ADDRESS 317 Pa. Ave. S.E. Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05773

5698 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 23-

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; MARYLAND LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Roslindale; STREET ADDRESS (If rural give location) 53 Augustus ✓

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) ANN (Last) McNamee

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1955

5. SEX: Female; 6. COLOR OR RACE: Caucasian; 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow; 8. DATE OF BIRTH. 3-7-1878; 9. AGE Last birthday 77 yrs. (IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —; 10B. KIND OF BUSINESS OR INDUSTRY: —; 11. BIRTHPLACE (State or foreign country): Canada; 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John St. George; 14. MOTHER'S MAIDEN NAME: ? McGuire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service); 16. SOCIAL SECURITY NO. —; 17. INFORMANT & ADDRESS. Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage c R hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X1 DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus 23 yrs

19A. DATE OF OPERATION: —; 19B. MAJOR FINDINGS OF OPERATION —; 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER); 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.); 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.; 21E. INJURY OCCURRED While at work ☐ Not while at work ☐; 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1955, to 6/5, 1955, that I last saw the deceased alive on 6/4, 1955, and that death occurred at 1 23 A M, from the causes and on the date stated above.

SIGNATURE C. N. Northrop, M.D. ADDRESS 501 Underwood Bldg NW DATE SIGNED 6-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF June 8, 1955; NAME OF CEMETERY OR CREMATORY St Joseph's Cemetery; LOCATION (City, town, or county) (State) West Roxbury Mass

DATE REC'D BY LOCAL REGISTRAR June 5 1955; REGISTRAR'S SIGNATURE Melvin Dodd; 24. FUNERAL DIRECTOR Arthur J Gallery; ADDRESS 254 Carroll Ave NW Takoma Park 12, D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05774

5693 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2-6-53 Written permission has been given by both parents

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 56
STREET ADDRESS (If rural give location) 7 Manchester Pl 1

3. NAME OF DECEASED: (Type or Print) First (Middle) (Last) Mitchell

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 6/8/55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 12 Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): WASH SANITARIUM TAKOMA PARK MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Philip Mitchell
14. MOTHER'S MAIDEN NAME: Barbara Imogene Fay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 IMMEDIATE CAUSE (A) DUE TO PREMATURITY — 12 HOURS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8 , 1955 to 6/8 , 1955, that I last saw the deceased alive on 6/8/55, 19 , and that death occurred at 8:15 M, from the causes and on the date stated above.

SIGNATURE George Prince ADDRESS M.D. 927 Dartmouth Ave Silver Spring Md DATE SIGNED 6/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 6-10-55
NAME OF CEMETERY OR CREMATORY: The Washington San.&Hosp.
LOCATION (City, town, or county) (State): Takoma Park, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan 10-1955
REGISTRAR'S SIGNATURE: Milton Wood
24. FUNERAL DIRECTOR: R A Hare M.D. ADDRESS: Takoma Park, Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05775

5776

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1mo 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47X3
STREET ADDRESS (If rural give location) 4808 45th Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Jean (Last) MOORE

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-6-91
9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frederick MOORE
14. MOTHER'S MAIDEN NAME: Elizabeth JENSEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes ✓
(If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Helen MOORE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

141 X IMMEDIATE CAUSE (A) Tracheal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Metastases from — 4 mos
DUE TO (C) Carcinoma of the tongue — 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 26 Aug. 1954
19B. MAJOR FINDINGS OF OPERATION: Indurated lesion Rt. Side of Tongue
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Apr, 1955 to 5 June, 1955, that I last saw the deceased alive on 5 June, 1955, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

W. F. Reid LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland
ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8 June 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 5 June 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: De Vol Funeral Home
ADDRESS: 2224 Wisconsin Avenue, Washington, D.C.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5777 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 63 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 52 The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE -- COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 47X.3
STREET ADDRESS (If rural give location) 1947 Capitol Ave. N.E. √

3. NAME OF DECEASED: (Type or Print) (First) Landon (Middle) Edward (Last) Moore

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1955

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ? Sept. 1913

9. AGE last birthday: 41 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Moore

14. MOTHER'S MAIDEN NAME: Inez ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 225-05-4379

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Nephrosclerosis and uremia

ANTECEDENT CAUSE (S) DUE TO (B) Essential malignant hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc) None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 22, 1955, to June 24, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 3:41 P M, from the causes and on the date stated above.

SIGNATURE William L. Moore Jr. M. D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED June 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-30-55

NAME OF CEMETERY OR CREMATORY Lincoln Mem.

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 6/27/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR #178 W. Ernest Jarvis & Sons

ADDRESS 1432 2/00 St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05777

5778

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (In this place) 58 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Louisiana COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Orleans 5-X-5
STREET ADDRESS (If rural give location) 300 Audubon Street

3. NAME OF DECEASED: (Type or Print) (First) Aylmer (Middle) Lee (Last) MORGAN JR.

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 6-19-90

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Aylmer Lee MORGAN

14. MOTHER'S MAIDEN NAME: Effie NEWTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Aylmer L. MORGAN III Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
601X IMMEDIATE CAUSE	(A) Pulmonary embolus	10 minutes
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Thrombophlebitis, both legs.	1 month
	DUE TO (C) Post-operative hydronephrosis, left	36 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Gastro-intestinal hemorrhage	24 days

19A. DATE OF OPERATION: 18 May 1955

19B. MAJOR FINDINGS OF OPERATION: Infarct, right kidney, hydronephrosis, Lt.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 April 1955, to 23 June 1955, that I last saw the deceased alive on 23 June 1955, and that death occurred at 4:40 PM, from the causes and on the date stated above.

SIGNATURE E. M. TOMLIN LCDR MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-27-55

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Mary E. Farrell 1955

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS Wisconsin, Ave., Bethesda, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05778

5779

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 28
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Franklin (Last) Moulden

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 24 1883

9. AGE last birthday: 72 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Moulden

14. MOTHER'S MAIDEN NAME: Anne Brennaran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1954

IMMEDIATE CAUSE (A) carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to June 24, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 6:25 AM, from the causes and on the date stated above.

SIGNATURE A. R. Hayward M.D. ADDRESS Forest Glen, Md. DATE SIGNED 6-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 1-55 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) Rockville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-24-55 — REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR R. L. Humphreys — ADDRESS 7557 Wis. Ave. B-1100

JUL 5 1955
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05779

57 10

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 58 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 1513 North Rhodes St.

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Brewer (Last) Mower

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 2-24-87
9. AGE last birthday: 68 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Schurman
14. MOTHER'S MAIDEN NAME: Eliza Leard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records Wash. San. & Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1757

IMMEDIATE CAUSE (A) Carcinoma - Metastatic - lungs & general. — INTERVAL BETWEEN ONSET AND DEATH: nine mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Broncho-pneumonia — Terminal

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Aug. 1954
19B. MAJOR FINDINGS OF OPERATION: Carcinoma R. Breast.
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1955, to 6-3, 1955, that I last saw the deceased alive on 6-2-, 1955, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

SIGNATURE Robert Adare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 6/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 6/3/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR June 3 1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR C. P. Sacks by: C. M. Frank
ADDRESS Arlington Va

RE
JUN
REAU V. S.

05780

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5780 CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Derwood
STREET ADDRESS (If rural give location) X /

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edwin (Last) Muncaster

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 9/29/69

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Edwin Muncaster

14. MOTHER'S MAIDEN NAME: Hannah Smith Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Benign prostatic hypertrophy with urinary obstruction — 2 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930 19 . , to June 27, 1955 that I last saw the deceased alive on 6/27/55 , 19 ... , and that death occurred at 1:30a M, from the causes and on the date stated above.

SIGNATURE Wm A. Fitzhugh M. D. ADDRESS Rockville Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-29-55

NAME OF CEMETERY OR CREMATORY Rockville Union

LOCATION (City, town, or county) Rockville - Montg. - (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-27-55

REGISTRAR'S SIGNATURE Gertrude B Fawley

24. FUNERAL DIRECTOR Robt A Dunglinson

ADDRESS Bethesda - Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05781

5781

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1 PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
MARYLAND LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2803 Urbana Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2803 Urbana Drive

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) ELIZABETH (Last) PEABODY

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1955

5 SEX: female | 6. COLOR OR RACE: white | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed | 8. DATE OF BIRTH: July 31, 1882 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker - | 10B KIND OF BUSINESS OR INDUSTRY: Own Home - retired | 11 BIRTHPLACE (State or foreign country): Halifax, Nova Scotia | 12 CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Rennie | 14. MOTHER'S MAIDEN NAME: Ellen Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS. Silver Spring, Md. Mrs. Wm.Edw.Thompson, 2803 Urbana Drive,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151x IMMEDIATE CAUSE (A) DUE TO Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Carcinoma Stomach — 6 mos.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 55 to June 13 19 55, that I last saw the deceased alive on June 13, 1955, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M D | ADDRESS 120 Georgia Ave. Silver Spring, Md. | DATE SIGNED 6/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit & burial | DATE THEREOF June 16,1955 | NAME OF CEMETERY OR CREMATORY Braman Cemetery, Newport, | LOCATION (City, town, or county) Newport County, (State) Rhode Island

DATE REC'D BY LOCAL REGISTRAR 6-18-55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS Silver Spring, Md.

05782

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5782

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda
LENGTH OF STAY (in this place): 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center, National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 1740 Euclid St. N. W.

3. NAME OF DECEASED: (First) William (Middle) Henry (Last) Peter

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 16, 1921

9. AGE last birthday: 34 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Peter

14. MOTHER'S MAIDEN NAME: Bessie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-05-9504

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 442X

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Arteriular Nephrosclerosis and veinia

DUE TO

(B) Hypertensive congestive heart failure

DUE TO

(C) Essential hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 2, 1955

19B. MAJOR FINDINGS OF OPERATION: Superficial femoral ligation - no clots.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1955 to June 18, 1955, that I last saw the deceased alive on June 18, 1955, and that death occurred at 6:40 A M, from the causes and on the date stated above.

SIGNATURE: William L. Morgan Jr. M. D.
ADDRESS: The Clinical Center, National Institutes of Health
DATE SIGNED: June 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6-21-55
NAME OF CEMETERY OR CREMATORY: Lincoln Mem.
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/20/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Allrose B. Boyd
ADDRESS:

05783

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5783

CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 804 Forston Dr.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Lena P Phillips

4. DATE OF DEATH: (Month) (Day) (Year) Jun. 12, 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Aug 25, 1876

9. AGE last birthday: 78 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Martinsburg. W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Roberts

14. MOTHER'S MAIDEN NAME: Eliza Cushwa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Minnie Stoddard

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420,0
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Arteriosclerotic Heart Disease 8 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947 to June 12, 1955, that I last saw the deceased alive on June 5, 1955, and that death occurred at 10.1 M, from the causes and on the date stated above.
SIGNATURE Robert B. Jay M. D. ADDRESS 7105 Riggs Rd DATE SIGNED 6-12-55

23. BURIAL, CREMATION, REMOVAL? (SPECIFY) Burial
DATE THEREOF 6-15-55
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 6-14-55
REGISTRAR'S SIGNATURE Frances Potter
24 FUNERAL DIRECTOR J. Wm. Stoll Sons & Co
ADDRESS 300 - 4th St N.E. Washington D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 16 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05784

5784

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 1517 Plymouth St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Francis (Last) Pierce
4. DATE OF DEATH. (Month) June (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 16, 1874	80 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Lawyer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey C. Pierce
14. MOTHER'S MAIDEN NAME: Mary Breau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. I. de F. 1517 Plymouth St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4424.

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardio-vascular-renal disease — 2 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1955, to June 10, 1955, that I last saw the deceased alive on June 10, 1955, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

SIGNATURE Sidney L. Bourne, M.D. ADDRESS 3922 Rugby Ave. Wash. D.C. DATE SIGNED 6/11/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 14, 1955	Arlington Nat'l Cem.	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
6/13/55	Bessie M. Thompson	L. H. Hines Co.	Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05785

5785

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery — MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE S. Carolina COUNTY -- 77 x 2
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitmire, S. Carolina
STREET ADDRESS (If rural give location) 306 S. Church St.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Victor (Last) Reed

4. DATE OF DEATH: (Month) June (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 10 Aug. 1919

9. AGE last birthday 35 yrs. IF UNDER 1 YEAR: Months 7 Days 28 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY: General contracting

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Reed

14. MOTHER'S MAIDEN NAME: Brama Rector

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO. 247-10-0292

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
754.3 IMMEDIATE CAUSE	(A) Severe pulmonary congestion	
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Congenital heart disease, interatrial septal defect	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 6/7/55

19B. MAJOR FINDINGS OF OPERATION: Interatri al septal defect

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. --

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from May 9, 1955 to June 8, 1955, that I last saw the deceased alive on June 8, 1955, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

SIGNATURE George O. Lauer M. D. ADDRESS The Clinical Center, NIH DATE SIGNED 6/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit-burial — DATE THEREOF 6-9-55 — NAME OF CEMETERY OR CREMATORY Whitmire Cemetery — LOCATION (City, town, or county) (State) Newberry Co., So.Carolina

DATE REC'D BY LOCAL REGISTRAR 6/10/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphrey — ADDRESS Bethesda, Md.

JUN
BUREAU V. S.

5786 05786

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington | LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC, COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS 2855 29th St. (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Paul Lyon Reed	June 30 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	4-25-72	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Civil engineer (U.S.N.)		Ill	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Myron W. Reed	Louise Lyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes		Nursing Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure DUE TO	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fracture left hip DUE TO	2-21-55
(c)		

(904.1)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral sclerosis — 1 Yr.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 6-30-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 1, 1955	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/55	Jessie M. Thompson	Robert M. Humphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 015787

5787

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-58

20652614 26

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 44 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47X
STREET ADDRESS (If rural give location) Apt. 508, 2331 Cathedral Ave., N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Marshall (Last) REPLOGLE

4. DATE OF DEATH: (Month) 25 June (Day) (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 6-23-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10B. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert REPLOGLE

14 MOTHER'S MAIDEN NAME: Edith BEATTIE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father Robert REPLOGLE Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
7620 IMMEDIATE CAUSE	(A) Birth Injury, Intraventricular Brain Hemorrhage	44 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO AND Epicardial Petechial Hemorrhages	1 Day
	(C) Anoxia from Focal Atelectasis and A.	44 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: -

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 June, 19 , to 25 June, 1955, that I last saw the deceased alive on 25 June 19 55, and that death occurred at 7:28 P M, from the causes and on the date stated above.

SIGNATURE W. S. Matthews ADDRESS DATE SIGNED

W. S. MATTHEWS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-28-55	Transit	Roaring Spring, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 6-26-55

REGISTRAR'S SIGNATURE Mary E. Cassilly

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin, Ave., Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05788

5788

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8403 Dixon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lou" (Last) Ridgeway

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February 26, 1932

9. AGE last birthday 23 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Forni

14. MOTHER'S MAIDEN NAME: Mary Holladay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-30-2614

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Undiagnosed heart disease and rheumatoid arthritis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: --

19B. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCoccur? --

22. I hereby certify that I attended the deceased from May 25, 1955, to June 3, 1955 that I last saw the deceased alive on June 3 1955, and that death occurred at 6:10a M, from the causes and on the date stated above.

SIGNATURE Eagle Gilbert, M.D. for Thomas D. Stevenson, M.D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Entombment | DATE THEREOF 6-6-55 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REGISTRAR 6/6/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Harner E. Terwilliger | ADDRESS 3rd & Georgia Ave. Silver Spring Md.

JUN
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05789

5789

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X3
STREET ADDRESS (If rural give location) 429 Valley Ave., S.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Jane (Last) ROBERTS

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH. April 5, 1921

9. AGE last birthday 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wilson Lee Overall

14. MOTHER'S MAIDEN NAME: Marion Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: 429 Valley Ave., S.E. Derwood Roberts Washington, D. C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

20 IX IMMEDIATE CAUSE (A) Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1955, to 30 June, 1955, that I last saw the deceased alive on 30 June, 1955., and that death occurred at 1:55 PM, from the causes and on the date stated above.

SIGNATURE G. I. Pittman — ADDRESS — DATE SIGNED

G. I. PITTMAN, LT, MC, USNR, U. S. Naval Hospital, NNMC, Bethesda, Maryland 6-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7-2-55

NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery

LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR — ADDRESS: S. H. HINES 2901 14th St., SE, Wash., D.C.

JUL 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05790

5790

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2mo 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 102 North Garfield

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) Thomas (Last) ROSE

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 1-22-81

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10B KIND OF BUSINESS OR INDUSTRY: U. S. Goverment

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13 FATHER'S NAME: George C. ROSE

14. MOTHER'S MAIDEN NAME: Lucy WILKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Daughter Mrs. Thelma L. STORM Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203X

IMMEDIATE CAUSE (A) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: months.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Wide spread atherosclerosis — 4yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 May, 1955, to 8 Jun, 1955, that I last saw the deceased alive on 8 Jun, 1955, and that death occurred at 11:45 PM from the causes and on the date stated above.

SIGNATURE A. J. CAPPELLATTI LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11 June 1955 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 9 June 1955 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24 FUNERAL DIRECTOR — ADDRESS: Lee Funeral Home 4th and Mass. Ave., Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05791

5701

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
MARYLAND LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7th Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
STREET ADDRESS (If rural give location) 8608 Flower Ave. Marlene Apt. D-5

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Marcus (Last) Rubens

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 4-8-87

9. AGE last birthday: 68 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): pharmacist

10B. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Rubens

14. MOTHER'S MAIDEN NAME: Sarah Baumer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 or 4 x
IMMEDIATE CAUSE (A) Congestive Cardiac Failure — Interval between onset and death: Terminal

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Thrombosis Right Coronal Artery — 48 hours
26 or X
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, Diabetes Mellitus — years

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1955, to June 26, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at 11:00 P M, from the causes and on the date stated above.

SIGNATURE M. D. Robert Hare. ADDRESS Takoma Park. Md. DATE SIGNED 6/27/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/29/55 — NAME OF CEMETERY OR CREMATORY WASH NATL — LOCATION (City, town, or county) (State) SUITLAND MD

DATE REC'D BY LOCAL REGISTRAR June 28 1955 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS Riverdale Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05792 223

5712

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 75 Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location) 47x-3

3. NAME OF DECEASED. (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5 13 [illegible]

9. AGE last birthday: 13 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Rubin

14. MOTHER'S MAIDEN NAME. Sarah (Yukes, Yokes?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(b) Hypertensive-arteriosclerotic heart disease with decompensation	6 mos.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (a) senile deterioration (cerebral)	3 mos.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic gangrene, legs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1954, to June, 1955, that I last saw the deceased alive on June 17, 1955 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE Stanley A. Kusteeni M.D. ADDRESS 1835 Eye St. N.W. DATE SIGNED June 17, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 6/19/55 NAME OF CEMETERY OR CREMATORY Adas Israel Cemetery LOCATION (City, town, or county) Wash DC (State)

DATE REC'D BY LOCAL REGISTRAR June 18 1955 REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

5791

05793

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY 47x-3
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 4412 (If rural, give location) 44th N.W.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) - ALLEN - (Last) Rudolph

4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Aug. 10 1936	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
High school		Washington D.C.	USA

13. FATHER'S NAME: Mahlon L. Rudolph
14. MOTHER'S MAIDEN NAME: Dorman Tiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	—	yes	Mrs. Jane Griggins 3215 Maryland Ave. S.E. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Fracture of skull	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture left femur & Rt. shoulder

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) Silver Spring	(County) Mont'y	(State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-11-55 2:15 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Driver in auto accident		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broccard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6-11-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/11/1955	Cedar Hill Cemetery	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/13/55	Bessie M. Thompson	W. W. CHAMBERS CO.,	Washington, D.C

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05794

CERTIFICATE OF DEATH

5703 Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (In this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash., D.C. 4 I-K-3
STREET ADDRESS (If rural give location) 7113 Georgia Ave

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) — (Last) Ruth
4. DATE OF DEATH: (Month) June (Day) 4th (Year) 1955
5. SEX: Fem'l
6. COLOR OR RACE: Wht
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6/1/1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Russia
13. FATHER'S NAME: Nathan Herman
14. MOTHER'S MAIDEN NAME: Dobid
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 428.1	(A) Coronary Thrombosis	Sudden
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 1.3.2	DUE TO (B) Chr. Hy. Myocarditis & Hy pneumonia	23 yrs.
	DUE TO (C) Fract Left (Intracapsular) Femur	5/3/55
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 5/4/55
19B. MAJOR FINDINGS OF OPERATION: Fract Left Femur (Hip Nailing)
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.) Home
21C. WHERE DID INJURY OCCUR? (City or town) 7113 Georgia Ave. (County) Wash. (State)
21D. TIME OF INJURY (Month) 5/3/55 (Day) (Year) (Hour) 2 P M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Fell in Kitchen

22. I hereby certify that I attended the deceased from 4/2, 1955, to 6/4, 1955, that I last saw the deceased alive on 6/3, 1955, and that death occurred at 8:22 P M, from the causes and on the date stated above.
SIGNATURE AND ADDRESS: Phil Morse M.D. 7030 Carroll Ave Takoma Park Md
DATE SIGNED: 6/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6-7-55
NAME OF CEMETERY OR CREMATORY: Mt Lebanon Cemet
LOCATION (City, town, or county) (State): Md. Pr. Geo County
DATE REC'D BY LOCAL REGISTRAR: JUNE 5 1955
REGISTRAR'S SIGNATURE: J. Wilson Reed
24. FUNERAL DIRECTOR AND ADDRESS: B Ranganath & Son 3301-14th St. NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05795

5792

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Bethesda
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 101h 17th Place, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) B. (Last) Rutledge
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 30, 1902
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 10 Days 26 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Reg. Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert Ahlstrom
14. MOTHER'S MAIDEN NAME: Anna Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-52-8670
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

156.1
Immediate cause (a) [illegible] DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] DUE TO
(c) [illegible]

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1955, to June 26, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at [illegible], from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS The Clinical Center National Institutes of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-29-55
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) Prince George Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 6/27/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert C. Humphrey
ADDRESS Bethesda, Md.

VS. A15

05796

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5793 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Lorenzo (Middle) Dowe (Last) Sager

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 10/12/70

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Amos Sager

14. MOTHER'S MAIDEN NAME: Jessie Irene Good

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension — 10 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1955, to 6/24, 1955, that I last saw the deceased alive on 6/26/55, 19 .., and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE A. D. Bonfiglio M. D. ADDRESS Sandy Spring, Md. DATE SIGNED 6/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-30 55 — NAME OF CEMETERY OR CREMATORY Hamestown Presby. Cem. — LOCATION (City, town, or county) (State) Hamestown Md.

DATE REC'D BY LOCAL REGISTRAR 6-28-55 — REGISTRAR'S SIGNATURE Gertrude B Lawson — 24. FUNERAL DIRECTOR Robert A. Trumpbour — ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05797

CERTIFICATE OF DEATH

5794 Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA, MD. LENGTH OF STAY (in this place) 15 Hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL BETHESDA 14, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.
STREET ADDRESS (If rural give location) 4425 WISCONSIN AVE., NW,

3. NAME OF DECEASED: (Type or Print) (First) MAGDALENA (Middle) M. (?) (Last) SCHOLL
4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 19 55

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: Sept. 22, 1872.
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Zielinski
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: 4425 WISCONSIN AVE, NW MARJORIE B. SCATES, DAUGHTER.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.0	(A) ACUTE PULMONARY CONGESTION.	15 HRS.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO ACUTE CONGESTIVE HEART FAILURE	20 HRS.
	(C) DUE TO ARTERIOSCLEROTIC HEART DISEASE	2 YRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	GENERALIZED ARTERIOSCLEROSIS	20 YRS.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15 19 55, to 6/4 , 19 55, that I last saw the deceased alive on 6/4 , 19 55, and that death occurred at 9 45 P.M, from the causes and on the date stated above.
SIGNATURE Simon Greenbaum M.D. ADDRESS 9300 Fenton St. Silver Spring DATE SIGNED 6/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 6/8/55 | NAME OF CEMETERY OR CREMATORY Congressional | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 6/6/55 | REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR The S. N. Hines Co. ADDRESS 2901 - 14th St. N.W.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05798

5795

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 15X-1
STATE Turkey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Instanbul
STREET ADDRESS (If rural give location) Perihan Sokak no. 23-25, Gulcelik Apt. Daire 3, Sisli, Istanbul

3. NAME OF DECEASED: (Type or Print) (First) IFTIHAR (Middle) (N) (Last) SEVAND

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-11-52

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Turkey

12. CITIZEN OF WHAT COUNTRY? Turkey

13. FATHER'S NAME: Hikmet (N) SEVAND

14. MOTHER'S MAIDEN NAME: Guler USTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father Hikmet (N) SEVAND Turkish Navy 5211 Wilson Lane, Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

IMMEDIATE CAUSE (A) Congestive Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Congenital Heart Disease - probably since birth

DUE TO (C) Intra-auricular septal defect

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 May, 1955, to 24 June, 1955 that I last saw the deceased alive on 24 June, 1955, and that death occurred at 0735 AM, from the causes and on the date stated above.

SIGNATURE T. E. Cone, M.D. ADDRESS T. E. CONE JR CDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-24-55 — NAME OF CEMETERY OR CREMATORY Parklawn — LOCATION (City, town, or county) (State) Montgomery County, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-24-55 — REGISTRAR'S SIGNATURE Mary E. Farrell

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Ave., Bethesda, Md.

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06895

5796 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Boyds,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boyds
STREET ADDRESS (If rural give location) R.F.D. Boyds

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) E. (Last) SHAW

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: April 27, 1892 | 9. AGE last birthday 63 yrs. | IF UNDER 1 YEAR Months 2 Days 3 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles F. Ricketts

14. MOTHER'S MAIDEN NAME: Alice Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Ervin Ricketts-R.F.D. Rockville.Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416 X
IMMEDIATE CAUSE (A) Myocarditis, with congestive Heart Fail. — INTERVAL BETWEEN ONSET AND DEATH: 3 month

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Rheumatic Heart disease — 40 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954 to 30 June, 1955, that I last saw the deceased alive on 29 June, 1955, and that death occurred at 9.15 AM, from the causes and on the date stated above.

SIGNATURE Ervin M. Smith M.D. ADDRESS Boyd DATE SIGNED 30 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-3-55 | NAME OF CEMETERY OR CREMATORY Potomac Church Cem. | LOCATION (City, town, or county) (State) Potomac, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-12-55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert L. Dunphrey ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05799

5797 CERTIFICATE OF DEATH Reg. Dist. No. 2/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7214 Delfield Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural give location) 7214 Delfield Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Reed (Last) SHELTON

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 17, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 3 Days 12 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Research Chemist

11. BIRTHPLACE (State or foreign country): Norristown, Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas Shelton

14. MOTHER'S MAIDEN NAME: Georgia Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Mrs. Eve A. Shelton - Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) Cardiac Decompensation	1½ years
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Auricular Fibrillation	1½ yrs
DUE TO	(C) Arterio-sclerotic Heart Disease	5-10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 19 54 to June ..., 19 55, that I last saw the deceased alive on June 29., 1955, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE Frederick D. Chapman M. D. ADDRESS 1834 Eye St. N. W. Wash. D. C. DATE SIGNED 6/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	6/29/55	Cedar Hill	Prince George Co. Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/55	Bessie M. Thompson	Roberts & Pumphrey	Bethesda, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

APR 5 1955
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 058 00

5798

CERTIFICATE OF DEATH

Reg. Dist. No. 2-8

1. PLACE OF DEATH:

COUNTY Montg — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg

LENGTH OF STAY (in this place) 23yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg

STREET ADDRESS (If rural give location) 8 Peona Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	Stanley	Sheppard	June	3	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Sept 21-1902	52 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction	Superintendant	Chevy Chase, Md.	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Franklin Sheppard	Ella May Demory.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	577-109 578	Anna P. Sheppard. Gaithersburg. Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 420.1 Coronary occlusion — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) arteri-sclerosis - several years — DUE TO

(c)

Interval Between Onset And Death: 14 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1955, to June 3-, 1955, that I last saw the deceased alive on June 3-, 1955, and that death occurred at 9.30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William C Miller M.D.	Brookeville, Gaithersburg Md	June-4-1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-6-55	Forest Oak	Gaithersburg Md,

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4, 1955	Miranda L. Locke	Ernest C. Gartner.	Gaithersburg. Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1955
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05801

5704

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 13 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Washington Sanr Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Calif COUNTY Los Angeles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Los Angeles
STREET ADDRESS (If rural give location) 312 N. Boyle Ave.

3. NAME OF DECEASED: (Type or Print) (First) Janet (Middle) Kathleen (Last) Smith

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: July 10, 1945 | 9. AGE last birthday: 9 yrs | IF UNDER 1 YEAR: Months 10 Days 24 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student —
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cranbrook, B.C., Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Alexander Smith

14. MOTHER'S MAIDEN NAME: Esther Ragnhild Lund

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Father —

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 752X — (A) DUE TO: Intracranial Pressure & Decerebrate Rigidity — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO: Hydrocephalus — 7+ yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Spina Bifida — 7+ yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1955, to June 4, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 7:25 A.M. from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS Silver Spring Md DATE SIGNED 6-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 6, 1955
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) (State) Rego Pk. Hyattsville, Pr.Geo.Co. Md

DATE REC'D BY LOCAL REGISTRAR June 4 1955
REGISTRAR'S SIGNATURE J. Wilson Rodell
24. FUNERAL DIRECTOR Leonard Waters
ADDRESS 264 Carroll St. N.W. Takoma Park 12, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1955

05802

MARYLAND 5705

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7225 Flower Ave

3. NAME OF DECEASED (Type or Print) (First) HAROLD (Middle) Eugene (Last) SNIDE

4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 10-20-96

9. AGE last birthday 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Research Historian

10b. KIND OF BUSINESS OR INDUSTRY Library of Congress

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Snide

14. MOTHER'S MAIDEN NAME Clara Lawrance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Washington Sanitarium & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

462.1
Immediate cause (a) Ruptured esophagus, Spontaneous [illegible] trauma — 6 hrs

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Esophageal varices
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. There was no cirrhosis of liver

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to 6/22/, 1955, that I last saw the deceased alive on 6/22/, 1955, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. M. Holmes, M.D. 500 Kennewood St. N.W. 6/22/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 24, 1955 | NAME OF CEMETERY OR CREMATORY George Washington Cemetery | LOCATION (City, town, or county) (State) Md. Dist. Co. Md

DATE REC'D BY LOCAL REG. June 22-1955 | REGISTRAR'S SIGNATURE J. Holmes Dodd | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 254 Carroll St. N.W. D.C.

JUN
BUREAU V. S.

5714

05803 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville RFD 1 | LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville R.F.D. #1
STREET ADDRESS (If rural, give location) River Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Fulton	Snouffer	June	3	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar. 18, 1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter-Cont.	Self-employ.	Montg. Co. Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin Snouffer	Adeliade Sheid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	217-14-7298	Wife-Emma Jane Snouffer- R.F.D.#1 Rockville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
711.0 Immediate cause	(a)	Thoracic Lacerations	Instantaneous and under
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Crushed chest	auto
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Rockville R-1 Monty Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
6-3-55 ? P M.		Crushed by car while attempting car repairs

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bozentcnt M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6-3-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-3-55	St. Mary's Cem.	Rockville, Montg. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
6/7/55	Laurell H. Traylor	Robert H. Humphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05804

5799

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery CO — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Rte 2 Clarksville — LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same as No 1 Clarksville Rte 2
STREET ADDRESS (If rural give location) Gaithersburg Rte 1

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) GRIFFITH (Last) SPURRIER

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1955

5. SEX Female — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow — 8. DATE OF BIRTH Oct 24 1871 — 9. AGE last birthday 83 yrs. — IF UNDER 1 YEAR Months — IF UNDER 24 HRS. Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10B. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Montgomery — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Griffith — 14. MOTHER'S MAIDEN NAME: Katherine Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Catherine Willcoxon Gaithersburg

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Uraemia — 3 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cirrhosis, Nephritis. — years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1948, to 6/2, 1955, that I last saw the deceased alive on 5/31, 1955, and that death occurred at 4 a M, from the causes and on the date stated above.

SIGNATURE M.D. — ADDRESS Sandy Spring Md — DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 4 1955 — NAME OF CEMETERY OR CREMATORY Sandy Cemy — LOCATION (City, town, or county) (State) Mt Gloriana Md

DATE REC'D BY LOCAL REGISTRAR 6-4-55 — REGISTRAR'S SIGNATURE Gertrude B Fowler — 24. FUNERAL DIRECTOR — ADDRESS Roger W Barber Gaithersburg

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5890

CERTIFICATE OF DEATH

05805

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 3244 38th St. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Celeste (Middle) Genevieve (Last) Starkloff
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Feb. 3, 1890	65 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	House wife	Maryland	U. S. A

13. FATHER'S NAME: Berry
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
			Howard W. Starkloff 5915 Crawford Drive, Rockville, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X IMMEDIATE CAUSE	(A) Bronchopneumonia	12 hrs
ANTECEDENT CAUSE (S)	DUE TO (B) Cerebro-vascular accident	6 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Hypertensive Cardio vascular disease	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1955, to June 30, 1955, that I last saw the deceased alive on June 30, 1955, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

SIGNATURE Kenneth Hunter Jr. M. D. ADDRESS 809 Viers Mill Rd. Rockville DATE SIGNED 6/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-3-55	Parklawn Cemetery	Montgomery Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/2/55	Bessie M. Thompson	The S. H. Hines Co.	2901 14th St. N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05806

5706

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park; LENGTH OF STAY (In this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs; STREET ADDRESS (If rural give location) 504 Bonifant St.

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) MINA (Last) Stein

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARR'D, WIDOWED, DIVORCED. (Specify): married.

8. DATE OF BIRTH: 7-8-81

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Dietz

14. MOTHER'S MAIDEN NAME: Elizabeth Gobel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 12 months

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Nephrosclerosis — at least 5 years.

DUE TO (C) Arteriosclerosis and hypertension — at least 5 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: /

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 23, 1939, to June 1, 1955, that I last saw the deceased alive on May 31, 1955, and that death occurred at 8.30 A.M., from the causes and on the date stated above.

SIGNATURE AND ADDRESS: Clarence H Traum M.D. 8231 Georgia Ave. Silver Spring Md.

DATE SIGNED: June 1 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6/4/55

NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: June 3-1955

REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Warner & Pumphrey

ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

JUN 6
U. S.

05807

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5891 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 43 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47x-3
STREET ADDRESS (If rural give location) 1336 Missouri Avenue, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) (N) (Last) SUSSMAN

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-6-98

9. AGE last birthday 57 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isac SUSSMAN

14. MOTHER'S MAIDEN NAME: Tuba BRUDSKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Frances SUSSMAN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 541.0 (A) Massive Gastro-intestinal hemorrhage 24 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute and chronic duodenal ulceration 25 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchogenic carcinoma c metastases 6 months

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 May, 1955 to 23 June, 1955 that I last saw the deceased alive on 23 June, 1955, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE H. I. Passes Lt MC USN — ADDRESS — DATE SIGNED

H. I. PASSES, LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-24-55 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 23 June 1955 — REGISTRAR'S SIGNATURE Mary E. Donelly

24. FUNERAL DIRECTOR — ADDRESS: Danzansky Funeral Home, 2901 14th Street, N.W., Washington, D.C.

05808

MARYLAND 5892

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Item 11, Film Cl65 7-7-55 et Items 13,14 Film Cl65 8-12-55 et

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS LeDroit Gardens 6 Forest Glen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Brentwood Md. COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — STREET ADDRESS (If rural, give location) 4300-40 th St. 16-34-2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	H.	Sweeney	June	20-	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hr Hours	Min
M.	White	Widowed	—	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wheeling, W. Va. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Sweeney — 14. MOTHER'S MAIDEN NAME: Mary Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Same address Miss Margaret Sweeney (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Chronic Myocarditis

Antecedent cause (s) Gen. Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1 ., 1955, to June 20 , 1955, that I last saw the deceased alive on June 18., 1955 and that death occurred at 5:45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard B. Thibadeau M.D. — ADDRESS Columbia Road & Eastern Ave. Md. — DATE SIGNED 6/20-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/20/55		Mt. Rainier Md.

DATE REC'D BY LOCAL REG 6-22-55 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR — ADDRESS: Hall's Funeral Home 3200 R.I. ave. Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05809

5803

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (In this place) 50 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 817 L Street, N.W.

3. NAME OF DECEASED: (First) Andrew (Middle) (N) (Last) TAYLOR

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH 5-3-88

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping clerk

10B. KIND OF BUSINESS OR INDUSTRY: GPO

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert TAYLOR

14. MOTHER'S MAIDEN NAME: Julia CHINN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Emma Taylor Same a s above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Renal failure = acidosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C) CARCINOMA PROSTATE = Extensive — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. metastatic disease

19A. DATE OF OPERATION: 1 June 1955

19B. MAJOR FINDINGS OF OPERATION: CARCINOMA, Prostate

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1955 to 29 June, 1955 that I last saw the deceased alive on 29 June, 1955, and that death occurred at 2:05 PM, from the causes and on the date stated above.

SIGNATURE W. E. Fraser — ADDRESS — DATE SIGNED

W. E. FRASER LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7-5-55 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 6-30-55 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR — ADDRESS: Chinn Funeral Home, 2605 S. Semmy Road, Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 1
BUREAU

5715

05810

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 2[illegible]

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11813 Old Drovers Way Randolph Hills

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D C — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47 x-3
STREET ADDRESS (If rural, give location) 5000 Bates Rd N.E.

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) Bell (Last) Taylor

4. DATE OF DEATH (Month) June (Day) 14 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Widow	2-18-1882	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework		Canada	U S A

13. FATHER'S NAME: Norman Mac Leod

14. MOTHER'S MAIDEN NAME: Sarah Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Gertrude Wright (Daughter) Same as Item 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Hypertension	7 yrs
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture L. left hip 5715/55

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 6-14-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-17-1955	Ft. Lincoln Cemetery	Prince George's Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-22-55	Frances Potter	J. B. Hines Co.	Washington 9, D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physic[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05811

58?4

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 78 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 1819 K Street, N.W.

3. NAME OF DECEASED: (First) Paul (Middle) (N) (Last) TAYLOR
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-16-74
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Clerk.
10B. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Elisha TAYLOR
14. MOTHER'S MAIDEN NAME: Frances TILLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Wife Mrs. Dolly W. TAYLOR Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Ca. Prostate & metastases DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Emphysema obstructive due to senile changes - Mos. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. A.S.H.D. yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 March, 1955, to 26 June, 1955, that I last saw the deceased alive on 26 June, 1955., and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED
A. J. CAPELLETTI LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-28-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 6-26-55
REGISTRAR'S SIGNATURE Mary E. Tasselly
24. FUNERAL DIRECTOR ADDRESS Gawlers Funeral Home 1756 Pennsylvania Ave., N.W., Wash., D.C.

5805

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05812

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10209 Douglas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10209 Douglas Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Norris (Last) Thompson

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH: July 28 1888

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plate Printer

10b. KIND OF BUSINESS OR INDUSTRY: Gov't.

11. BIRTHPLACE (State or foreign country): Chester, Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thompson

14. MOTHER'S MAIDEN NAME: Harriette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Fred Thompson, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 3 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1952, to June 28, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 3:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John Laurence Avery M.D. 10110 Georgia Ave. Silver Spring Md 6/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 7-1-55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Upstland Md.

DATE REC'D BY LOCAL REG.: 6-28-55 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS
Timothy Nadlon
3831 Ga. Ave. N.W.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1953
67
1886

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05813

5896 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 99 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 15X-1
STATE Paris, France COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris
STREET ADDRESS (If rural give location) 129 Rue D La Tour

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Eldred (Last) TUCKER III

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-27-49

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -

10B. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. TUCKER Jr.

14. MOTHER'S MAIDEN NAME: Jane ALLAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father Charles E. TUCKER Jr. Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
812X IMMEDIATE CAUSE	(A) Pyocyaneus meningitis	2 months.
ANTECEDENT CAUSE (B)	DUE TO (B) CSF Rhinorrhea	3 months.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Severe craniocerebral injury	3 months.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hydrocephalus, internal	

19A. DATE OF OPERATION: 3-23-55

19B. MAJOR FINDINGS OF OPERATION: Bilateral frontal lobe destruction, CSF leak

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Street

21C. WHERE DID INJURY OCCUR? (City or town) Paris, (County) (State) France

21D. TIME OF INJURY (Month) March (Day) 5 (Year) 1955 (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [X]

21F. HOW DID INJURY OCCUR? Struck by truck

22. I hereby certify that I attended the deceased from 18 March, 19 55 to 25 June 1955, that I last saw the deceased alive on 25 June, 1955, and that death occurred at 11:23 P.M., from the causes and on the date stated above.

SIGNATURE C. C. MUEHE LT MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-29-55

NAME OF CEMETERY OR CREMATORY Private Cemetery

LOCATION (City, town, or county) (State) Duval County, Florida

DATE REC'D BY LOCAL REGISTRAR 6-26-55

REGISTRAR'S SIGNATURE Mary E. Crandell

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin, Avenue, Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05814

5707 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7th Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville
STREET ADDRESS (If rural give location) 1929 Laguna Road

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) Mary (Last) Van Horn

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1955

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 8-10-93

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10B. KIND OF BUSINESS OR INDUSTRY: Supervisor (retired) Washington Laundry Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Phillips

14. MOTHER'S MAIDEN NAME: Regine Frey or Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-07-6028

17. INFORMANT'S ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Metastatic Carcinoma

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to June 7, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 4:05 P M. from the causes and on the date stated above.

SIGNATURE AND M.D. Boris Rabkin M.D. ADDRESS 1200 Lebanon Street Silver Spring, Md. DATE SIGNED June 7, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6/10/55

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: June 9th 1955

REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05815

Items 13,14 Filmclass C-27-55 et 58?

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 2715 79th Avenue, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Maria Johaan (Last) VON ZIELINSKI

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-22-85

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Int. Law

10B. KIND OF BUSINESS OR INDUSTRY: International Law

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown Carl Gregor von Zielinski

14. MOTHER'S MAIDEN NAME: Unknown Marie von Beringe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I WWII

16. SOCIAL SECURITY NO. 577-48-1877

17. INFORMANT & ADDRESS. Wife Isobel G. VON ZIELINSKI Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pulmonary edema	6 hours
ANTECEDENT CAUSE (B)	DUE TO (B) Arteriosclerotic heart disease	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 May, 1955, to 16 June, 1955 that I last saw the deceased alive on 16 June, 1955, and that death occurred at 6:05 PM, from the causes and on the date stated above.

SIGNATURE: I. M. Taylor LCDR MC USN — ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 20 June 1955 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 6-17-55 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR — ADDRESS: R. A. Pumphrey Funeral Home 7557 Wisconsin ave. Bethesda, Maryland

JUN 20 1955
BUREAU V. S.

58-18 05816

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) John (Middle) Wesley (Last) Waters
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1955
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 10/26/00
9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Will Waters
14. MOTHER'S MAIDEN NAME: Drucilla Fountain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 445X (a) Passive congestion of lungs — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Malignant hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bracchat M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6-28-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-2-55
NAME OF CEMETERY OR CREMATORY Damascus,
LOCATION (City, town, or county) (State) Damascus, Md.

DATE REC'D BY LOCAL REG. 7-2-55
REGISTRAR'S SIGNATURE Gertrude B Lawson
FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

58-19 05817

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Gaithersburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 DeSellum Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural, give location) 10 George St. /

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Fillmore (Last) Watkins

4. DATE OF DEATH (Month) June (Day) 3 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 5, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Foreman State Road

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C. Fillmore Watkins

14. MOTHER'S MAIDEN NAME: Louise Elizabeth Lydard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-32-3483

17. INFORMANT & ADDRESS: Mrs Katie L. Watkins, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brochant M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 6, 1955

NAME OF CEMETERY OR CREMATORY Mt. Lebanon

LOCATION (City, town, or county) (State) Nr. Damascus, Md.

DATE REC'D BY LOCAL REG. June 5-55

REGISTRAR'S SIGNATURE Wanda Hunt

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

VS. A15A - 5 - 53

05818

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5810

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write and give nearest town) Bethesda RURAL
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md.
STREET ADDRESS (If rural give location) 12218 Kendall Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Martin W. Weld

4. DATE OF DEATH: (Month) (Day) (Year) June 25 1955

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5/30/91
9. AGE last birthday: 64 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Circulation Mgr.
10B. KIND OF BUSINESS OR INDUSTRY: Maryland News
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Weld
14. MOTHER'S MAIDEN NAME: Jane Schope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Edna B. Weld, wife - same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
600.0 IMMEDIATE CAUSE (A) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: days
ANTECEDENT CAUSE (B) DUE TO Pyelonephritis, Chronic — yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatectomy — months

19A. DATE OF OPERATION: 5-
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955, to June 25, 1955, that I last saw the deceased alive on ... 19..., and that death occurred at 9:30 M, from the causes and on the date stated above.
SIGNATURE Belden R. Clapp MD M.D. ADDRESS Silver Spring Md. DATE SIGNED 6/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-28-55 NAME OF CEMETERY OR CREMATORY Carklawn LOCATION (City, town or county) (State) Rockville Md.

DATE REC'D BY LOCAL REGISTRAR 6/27/55 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS

05819

5811

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 16, D.C. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4831 Park Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 16, D.C. American University Park
STREET ADDRESS (If rural, give location) 4831 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Peyton (Last) Wells

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-1-1883

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Post Office Clerk

10b. KIND OF BUSINESS OR INDUSTRY: US Govt.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George T. Wells

14. MOTHER'S MAIDEN NAME: Elizabeth Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Elizabeth Wells-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	4 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerotic Heart Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Cerebral Thrombosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.45., to June 5, 19.55., that I last saw the deceased alive on May 5, 19.55., and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Thos. F. Kelleher MD. 1150 Conn Ave N.W. Wash. DC. 6/3/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-8-55	Mt. Olivet	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/55	Russie M. Thompson	Robert A. Lindsey	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05820

5812

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20653542 30

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location): 13116 Okanava ave.

3. NAME OF DECEASED: (First) Baby (Middle) Girl (Last) West
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	single	June 3/55	0 yrs.	0	0	1	8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	—	USA (Md)	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur James West	Esther Loretta Eddy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	Mother (same)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 IMMEDIATE CAUSE (A) Anoxia — 1 hour 8 min

ANTECEDENT CAUSE (B) DUE TO: Inadequate pulmonary development

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Prematurity (6 mos. Gestation)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8 12 PM June 3, 1955, to 9 20 PM June 3, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 9 20 P M, from the causes and on the date stated above.

SIGNATURE L. Marshall Cuvillier, Jr. M. D. ADDRESS 1407 Woodside Pkwy Silver Spring Md. DATE SIGNED 6-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/6/1955	Parklawn	Rockville	Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/55	Bessie M. Thompson	Roberts A. Pumphrey	Bethesda, Md.

JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05821

5813 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 63 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria 8 mi. S.
STREET ADDRESS (If rural give location) 1449 Martha Custis Drive √

3. NAME OF DECEASED: (Type or Print) (First) Lucille (Middle) Spencer (Last) Wien

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: January 21, 1892

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Not stated

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. Mann

14. MOTHER'S MAIDEN NAME: Ella Dill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not available

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.4
IMMEDIATE CAUSE (A) Intestinal hemorrhage
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Leukemia
(260X) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus
Arteriosclerotic heart disease

19A. DATE OF OPERATION: --

19B. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Mar. 31, 1955, to June 2, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 2 A. M, from the causes and on the date stated above.

SIGNATURE M.D. J. Leonard Goldenberg ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED 2 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-3-55 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 6/4/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Pyeo Funeral Home ADDRESS By E. E. Sutphin

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN
BUREAU V. S.

... MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5716

05822

CERTIFICATE OF DEATH

Reg. Dist. No. 213

Item C, Film C183 7-11-55 at

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville Md.
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Williams St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 19 Williams St.

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) Frazer (Last) Williams

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: June 3 1894
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 0 Days 27 IF UNDER 24 HRS: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Easton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert B. Frazer
14. MOTHER'S MAIDEN NAME: Mary Dudley Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-28-6609
17. INFORMANT & ADDRESS: 19 Williams St.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 410 X	(A) Cerebral Thrombosis	3 W
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Mitral Stenosis	40 Y
	(C) DUE TO Rheumatic Fever	40 Y
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1936 to 6/30, 1955, that I last saw the deceased alive on 6/30/55, 19.., and that death occurred at 11.40 P.M., from the causes and on the date stated above.
SIGNATURE M. D. Webb M.D. ADDRESS Rockville DATE SIGNED 7/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 2 1955
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville, Montgomery Md.

DATE REC'D BY LOCAL REGISTRAR 7/5/55
REGISTRAR'S SIGNATURE Laurell H. Kreglow
24. FUNERAL DIRECTOR L. R. Dunphey
ADDRESS 7557 Wis. Ave. Bth. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 6
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05823

5814 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 48 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Princess Ann
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oceana
STREET ADDRESS (If rural give location) -- Box 48

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) Elizabeth (Last) Wilson

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 27 Aug. 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Columbus Gay

14. MOTHER'S MAIDEN NAME: Caroline Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. 225-12-4127

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

IMMEDIATE CAUSE (A) Metastatic carcinoma of the cervix uteri

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: --

19B. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 4 May, 1955, to June 21, 1955, that I last saw the deceased alive on June 21, 1955, and that death occurred at 8:00 AM, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS The Clinical Center Nat'l Institutes of Health DATE SIGNED 6/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 6-23-55

NAME OF CEMETERY OR CREMATORY --

LOCATION (City, town, or county) (State) Norfolk, Va.

DATE REC'D BY LOCAL REGISTRAR 6/22/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Frazier Funl. Home

ADDRESS 389-R-Church N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05824

5753

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) takoma Park
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY Allegheny.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gibsonia.
STREET ADDRESS (If rural give location) Box 63 C - Ewalt rd.

3. NAME OF DECEASED. (Type or Print) (First) Marjorie (Middle) Laura (Last) wolf

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1955.

5. SEX: Fe | 6. COLOR OR RACE: Cauc. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH. 3-22-99 | 9. AGE last birthday 56 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Penn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Shields | 14. MOTHER'S MAIDEN NAME. Laura

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: March 1955 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Ovary & metastases | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26 1955, to June 30 1955 that I last saw the deceased alive on June 30, 1955, and that death occurred at 7:00 PM, from the causes and on the date stated above.

SIGNATURE Lyle D. Williams M.D. ADDRESS 8700 Colesville Rd Silver Spring, Md DATE SIGNED 6/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit | DATE THEREOF July 5, 1955 | NAME OF CEMETERY OR CREMATORY Hampton Cem. | LOCATION (City, town, or county) (State) Gibsonia, Allegheny Co. Pa.

DATE REC'D BY LOCAL REGISTRAR June 30 1955 | REGISTRAR'S SIGNATURE L. Welsh Dodd | 24. FUNERAL DIRECTOR Arthur Wallace | ADDRESS 254 Carroll St NW Takoma Park, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05825

5709 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1304 ELSON PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 1304 Elson place

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) C (Last) WOODRUFF

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 5-17-1862
9. AGE last birthday 93 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Swanson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. William T. Pierce

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days
DUE TO
ANTECEDENT CAUSE (B) Cardio-Vascular-Renal disease — ?
DUE TO
(C) Senility

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
4422

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1955, to June 19, 1955 that I last saw the deceased alive on June 19, 1955, and that death occurred at 5:40 A.M. P.M. from the causes and on the date stated above.
SIGNATURE John F. Harrington ADDRESS 3810-12 NE Washington D.C. DATE SIGNED 6/21/55
M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 6/22/55
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) Pr. Georges Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR June 20th 1955
REGISTRAR'S SIGNATURE F. Milton Dodd
24. FUNERAL DIRECTOR J. N. Hines & Co
ADDRESS 2901 14th St. N.W. Washington D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 21 1955
BUREAU V. S.

05826

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5815

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON; LENGTH OF STAY (in this place) 1 YR.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4007 DENFELD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY MONTGOMERY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON; STREET ADDRESS (If rural give location) 4007 DENFELD AVE

3. NAME OF DECEASED: (Type or Print) First JOHN Middle PHILLIP Last ZIER

4. DATE OF DEATH: (Month) JUNE (Day) 2nd (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (If married, widowed or divorced) WIDOWED

8. DATE OF BIRTH: SEPT. 1/1888

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICEMAN (RETIRED)

10B. KIND OF BUSINESS OR INDUSTRY: METROPOLITAN POLICE DEPT.

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PHILLIP ZIER

14. MOTHER'S MAIDEN NAME: CARLISLE RICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MARY LOU ROBERTS - 4007 DENFELD AVE. KENSINGTON, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 IMMEDIATE CAUSE (A) Congestive Heart Failure — 1 month

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis, Generalized — yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Pulmonary Emphysema & Bronchitis — yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. — yrs

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25/55, 19..., to 6/2/55, 19..., that I last saw the deceased alive on 6/1/55, 19..., and that death occurred at 2 A. M., from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. Kensington, Md. DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF June 4/1955 — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 6/4/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS River Dale, Md.

RECEIVED
JUN 7 1955
BUREAU V. S.